

UNIVERSITY *of*
TASMANIA

“We’ve always done it. Country is our counselling
office”: Masculinity, Nature-Based Therapy, and the
Strengths of Aboriginal Men

by

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Submitted in fulfilment of the requirements for the degree of

Doctor of Philosophy

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Publications Related to this Thesis

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Statement of Ethical Conduct

The research associated with this thesis abides by the international and Australian codes on human and animal experimentation, the guidelines set by the Australian Government's Office of the Gene Technology Regulator and the rulings of the Safety, Ethics and Institutional Biosafety Committees of the University. The main research project was approved by the Tasmanian Social Sciences Human Research Ethics Committee, ethics approval ID: H17260. Ethics approval to use the Longitudinal study of Indigenous Children (LSIC) Wave 8 dataset was approved on 20/06/2017 by the National Centre for Longitudinal Data (NCLD). Ethics approval to use the Longitudinal study of Indigenous Children (LSIC) Wave 9 dataset was approved on 13/04/2019. Ethics approval to use the Longitudinal study of Indigenous Children (LSIC) Wave 10 dataset was approved on 28/07/2020.

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15 March 2021

*This thesis is dedicated to Aboriginal and Torres Strait
Islander men, young and old, across Australia.*

Abstract

This thesis is an exploration of Aboriginal masculinity in Australia. No critical theory of nation-wide Aboriginal masculinity yet exists, although there have been some local and regional explorations of the subject. Having a deeper understanding of the intersection of Indigeneity and masculinity is crucial in re-shaping and re-framing the lives of Aboriginal men. Drawing on a qualitative study of nature-based therapy with 11 Aboriginal men in Tasmania, national survey data pertaining to Aboriginal fathers, national and international Indigenous masculinity scholarship, and utilising a strengths-based approach, this thesis develops a narrative of Aboriginal men in contemporary Australia, and posits two theories of Aboriginal masculinity.

The author of this thesis is an Aboriginal (Worimi) man, and as such adopts an Indigenous Standpoint in research. This standpoint directly shapes components of this research, from conceptualisation and data collection to analysis and dissemination. This is important in light of the ongoing tensions between Aboriginal people and Australian settler-colonial state—tensions which often result in settler worldviews (inclusive of epistemology, ontology, and axiology) being prioritised in research and knowledge formation, to the detriment and marginalisation of Aboriginal worldviews.

The core component of this thesis is a qualitative study of a sample of Aboriginal men which sought to understand how nature-based therapy can enhance their health and wellbeing. There is a dearth of studies exploring the effects of nature-based therapy programs for Aboriginal men, despite the natural world being a vital component of Aboriginal culture and identity. This study found that there are four key benefits for Aboriginal men when participating in nature-based therapy programs. Firstly, nature-based therapy can provide holistic improvements to participant health and wellbeing. Secondly, nature-based therapy programs assist Aboriginal men to spend time on

Country and practise Aboriginal culture. Thirdly, nature-based therapy programs contribute to the establishment, enhancement, and maintenance of healthy social connections. Finally, nature-based therapy provides space for Aboriginal men to freely express components of their masculinity without marginalisation from settler-colonial society.

The second part of this thesis is presented in two publications, each drawing on data from the Longitudinal Study of Indigenous Children (LSIC) and focusing on Aboriginal (and Torres Strait Islander) fathers. The first publication considers Indigenous cultural practices from the standpoint of Indigenous fathers; the transmission of these practices to their children is a component which assists them in growing up strong. The second publication considers the Aboriginal (and Torres Strait Islander) fathering deficit narrative, and explores data which suggest that Indigenous fathers are positively involved in their children's education.

Together, these studies demonstrate the need for Aboriginal men to have 'place and space': place on Country, and safe spaces in which to share culture and worldviews and to express and value their masculinity.

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This thesis has been an incredible journey filled with triumphs and challenges, but, most importantly, personal growth. The person who started this thesis is different from the person who has finished it. In this journey there have been several key people, and I would like to acknowledge the time and energy they have kindly invested in my ongoing development.

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Glossary

Note: the Tasmanian Aboriginal language, palawa kani, generally does not use capitalisation, except for some names. Unless otherwise noted, Aboriginal words are palawa kani.

BAT	Bush Adventure Therapy
CANZUS	Canada, Australia, New Zealand, and the United States; a grouping made relevant to this thesis by their settler-colonial histories.
Country	Refers to the Aboriginal conceptualisation of land and/or the natural environment and to the ontological relationship held therewith.
lakarana	Big or large
larapuna	Eddystone Point, an area in the North-east Corner of mainland Tasmania.
lutruwita	Tasmania
muta	Bird
nita	Brother
nunga	Father
pakara	Dolphin
palawa/pakana	Term used to refer to Tasmanian Aboriginal people.
pinungana	Fish
pulali	Blackfish
pulawini	Red ochre
putalina	Oyster Cove, an area south of Hobart, Tasmania.
takila	Heart
triyina	Owl
Uncle	A term commonly used within Aboriginal and Torres Strait Islander society for a male of Elder status.
waypa	Aboriginal man

Chapter 1 – Introduction

Our spirit and our land, they go together. Our land is our home. Our land is like our mum. They take care of us if we're hungry, they clothe us, they look after us. Our land is very special, there's always a deep connection. When we feel that ground on our feet, or we get that piece of dirt to put on a coffin to say goodbye to our loved ones, it's a powerful emotion. It's a very powerful emotion because it reminds us of a sense and a way of belonging... This land and certain places that keep our spirit strong were kept here for a reason. And part of that reason I believe is for the strength and growth of individuals, of each family member that lives and holds on to the land.

Uncle Sealin Garlett, in Collard et al. (2016a, p. 1)

The catalyst for this thesis came from my employment as a social worker and Aboriginal health worker in an on-Country men's health program called 'Our Way on Country'. Karadi Aboriginal Corporation's Aboriginal Men's Group, in partnership with Bush Adventure Therapy service provider Adventure Works, delivered a six-month, nature-based health and wellbeing program. About 40 Aboriginal men living in Southern Tasmania participated in some component of 'Our Way on Country', which consisted of events such as Aboriginal cultural activities and spending time on Country, multiple days of camping, evening group events, and adventure activities. This led me to develop a fascination with approaches to Aboriginal men's health and wellbeing constructed from an Aboriginal worldview.

I have used Indigenous standpoint theory (Foley 2003; Moreton-Robinson 2013) throughout this thesis to emphasise an Aboriginal worldview, including its epistemology, ontology, and axiology. I am a proud Worimi (Aboriginal) man,¹ born and raised on palawa (Tasmanian Aboriginal) Country, and a member of the local

¹ The Worimi people's lands extend from eastern Port Stephens to the Great Lakes region of coastal New South Wales (see, for example, Perry (2014) and his work exploring the Worimi people and settler colonialism). My Aboriginal family name is Ridgeway, and my grandmother, Patricia, grew up at the Aboriginal mission at Karuah.

palawa community. This standpoint has influenced the thesis's conceptualisation, conduct, analysis, and dissemination. This is important, because studies of Aboriginal (and Torres Strait Islander) peoples are often undertaken from a non-Indigenous perspective. This normalises Western standpoints (Connell 2007) and marginalises Indigenous people and their worldviews.²

The primary aim of this thesis is to provide a sociological and social work understanding of Aboriginal masculinity in Australia. So far, there has been little critical exploration of Aboriginal masculinity (Arabena 2017), although McCoy (2008) investigated Puntu³ masculinity, and Mukandi et al. (2019) studied Aboriginal masculinity in Brisbane, and Smith et al. (2020), in their study on health literacy, considered components of Aboriginal masculinity in Darwin, Katherine and Nhulunbuy in the Northern Territory. This previous work has focused on specific geographical locations, rather than on Aboriginal men across Australia. Drawing on a qualitative study of nature-based therapy with Aboriginal men in Tasmania, national survey data pertaining to Aboriginal (and Torres Strait Islander) fathers, national and international work on critical Indigenous masculinities, and taking a strengths-based approach, this thesis develops a narrative of Aboriginal men in contemporary Australia, and creates two theories pertaining to Aboriginal masculinity.

The second aim of this thesis is to understand the effectiveness of nature-based therapy for improving Aboriginal men's health and wellbeing. The health and wellbeing of Aboriginal people has been described as the great Australian shame (Gooda & Huggins 2016). The Australian Department of Health and Ageing (2013b, p. 36) identifies Aboriginal men, specifically, as having "the worst health outcomes of any group in

² See, for example, Moreton-Robinson (2003) and her exploration of the ontological differences between the understanding of 'Country' for Aboriginal peoples and the non-Indigenous population.

³ The Puntu (Puutu) people's homelands are in the Pilbara region of Western Australia.

Australia”. Many recent studies of Aboriginal health and wellbeing have examined the effectiveness of Western approaches, but make little attempt at understanding Indigenous worldviews. Interestingly, there is little literature exploring the effects of nature-based therapeutic programs for Aboriginal people, despite nature being a vital component of Aboriginal identity and culture. From this perspective, a sociology- and social work-informed qualitative study of nature-based therapy is clearly relevant to current federal and state and territory government initiatives (see (Holland 2018)).

The third aim of this thesis is to provide a strengths-based narrative of Aboriginal men. In Australia, there is an unfair and inaccurate ‘deficit narrative’ pertaining to Aboriginal men which is rooted in the ongoing processes of settler colonialism (ABC News 2016a; Coram & Hallinan 2017). This narrative characterises Aboriginal men (and male youths) as disproportionately deviant, dysfunctional, and disengaged. A holistic depiction of Aboriginal men inclusive of their many strengths is needed, along with an acknowledgement of settler colonialism and its relentlessly negative consequences. Nature-based therapeutic approaches are a meaningful way to position Aboriginal men to wield their Indigenous cultural strengths.

The key terms of colonisation, settler colonialism, and decolonisation are used throughout this thesis. Colonisation refers to the process of a foreign entity establishing a settlement for their benefit while simultaneously marginalising the sovereign peoples (Moreton-Robinson 2015). Within colonisation, there are two distinct forms: settler colonialism and invader colonialism. Settler colonialism is an ongoing structure where a population of foreign colonisers remain (Wolfe 1999). Settler colonialism differs from invader colonialism because the coloniser (invader) eventually leaves after extracting resources and exploiting the sovereign peoples (see for example the colonisation of India by the British) (Sinha 1995; Veracini 2010). Decolonisation

refers to the undoing of structures that are established by the process of colonisation (Davis et al. 2017).

1.1 Thesis structure

The first part of this thesis reviews what is known about Aboriginal masculinity, Aboriginal men's health and wellbeing, and the literature on strengths-based approaches. The next four chapters bring together what is known about Aboriginal men's health and wellbeing in Australia (Chapter 2), international research on factors driving health inequality between Indigenous and non-Indigenous men (Chapter 3), Aboriginal Masculinity (Chapter 4), and a strengths-based approach (Chapter 5).

Chapter 2 is a literature, data, and policy review on Aboriginal men's health and wellbeing in Australia. Aboriginal (and/or Torres Strait Islander) men have the worst health of any group in Australia, but despite this, relevant policies do not explain specifically how the problem will be addressed. Further research must be done, with a greater emphasis on preventative health measure, adequate specific funding, culture- and gender-appropriate responses to health, and government policy development and implementation.

The significant detriments experienced by Aboriginal men in Australia prompt an international literature review. Chapter 3 examines some of the possible major factors that drive health inequality between Indigenous and non-Indigenous men in the so-called 'First World' settler-colonial states. The health and income statistics for Indigenous men in Canada, Australia, Aotearoa/New Zealand, the United States, and Norway are explored.

Chapter 4 presents a literature review of Aboriginal masculinity in Australia and Indigenous masculinity internationally. It represents the first nation-wide critical examination of theory pertaining to Aboriginal masculinity in Australia: 'decolonising

settler-colonial masculinity'. For Aboriginal men settler-colonial masculinity is particularly toxic. Generally, it subordinates or marginalises those who do not possess certain traits or qualities, or who exhibit behaviours deemed other than ideal. This is problematic. For Aboriginal men, even when these desirable characteristics are present, settler-colonial masculinity continues to further marginalise, alienate, and disempower. By decolonising Australian settler-colonial masculinity to incorporate Indigenous worldviews, Aboriginal men could have greater freedom to express their identities.

Chapter 5 focuses on the importance of strengths-based approaches. The deficit narrative pertaining to Aboriginal men becomes abruptly apparent when reviewing available data, published literature, and media sources. Although there are significant differences between Indigenous and non-Indigenous men in terms of health and wellbeing, socio-economic status, and interactions with the criminal justice system, the incessant focus on these disparities in settler-colonial society fails to improve outcomes or to move beyond the deficit narrative.

The methodology and methods used in this thesis are detailed in Chapter 6. There I explore my social positioning as a Worimi (Aboriginal) man in the palawa (Tasmanian Aboriginal) community, and how this has shaped the research project's conceptualisation, undertaking, analysis, and findings. The main research project is detailed: a semi-structured interview study using a grounded theory analytical approach. The second research project presented in this thesis uses national survey data from the Longitudinal Study of Indigenous Children (LSIC) (Department of Social Services 2018), and explores Aboriginal (and/or Torres Strait Islander) fatherhood, a key component of masculinity.

Chapters 7, 8 and 9 report the results of qualitative research with Aboriginal men on their participation in nature-based therapy. Three over-arching themes are developed: nature-based therapy, health and wellbeing, and identity.

Chapter 7 uses the qualitative study data to explore the experiences of Aboriginal men participating in the nature-based therapy program ‘Our Way on Country’. Thematic analysis shows five sub-themes relating to nature-based therapeutic programs: conceptualisation, health and wellbeing, Country and culture, social connections, and space to express Aboriginal masculinity.

Chapter 8 continues reporting on the qualitative study, and reveals how Aboriginal men in Southern Tasmania understand their health and wellbeing. The overarching theme of health and wellbeing consists of five interconnected sub-themes: holistic approaches, physical health, mental health, cultural and spiritual wellbeing, and social connections. For these Aboriginal men to achieve and maintain a heightened level of positive health and wellbeing, each domain requires adequate attention and care. By using a holistic approach to health and wellbeing, the requirements of each domain can be achieved, while issues stemming from the ongoing process of settler colonialism have a greater chance of being successfully addressed.

Chapter 9 continues the use of data from the qualitative study to explore the theme of identity. Identity is central to how Aboriginal men understand their lives as a minority Indigenous group in a settler-colonial state. The analysis surfaced five inter-related sub-themes within identity: Aboriginality and culture, settler colonialism, masculinity, education and employment, and resilience.

Chapters 10 and 11 are based on analyses of national survey data from the LSIC (Department of Social Services 2018). Both chapters present published papers, with me (Jacob Prehn) as the lead author, co-authored with Huw Peacock and Dr Michael Guerzoni. These chapters expand the exploration of Aboriginal masculinity, looking at Aboriginal fatherhood, the centrality of nature to the worldview and identity of Aboriginal men, and the importance of using strengths-based approaches.

Chapter 10 argues that the sharing of Indigenous cultural practices is a key enabler for Indigenous fathers to assist their families to grow strong. For Australia's Indigenous people, growing up strong requires health, education, and culture. This paper focuses on Indigenous fathers and how they understand the importance of sharing cultural activities with their children. Qualitative data from the LSIC are analysed to explore what aspects of Indigenous culture fathers perceive will assist children to strongly mature, how culture is transmitted, and what barriers fathers face in this process.

Chapter 11 argues that Aboriginal fathers are positively engaged in the lives of their children despite the harmful effects of settler colonialism. The colonisation of Australia has resulted in a negative narrative which portrays Aboriginal (and/or Torres Strait Islander) men as drunks, low-achievers, and poor fathers. This chapter aims to challenge the deficit narrative by using data from the LSIC. A univariate and bivariate analysis is undertaken to examine Indigenous and non-Indigenous fathers and their involvement in the lives and education of their children. Results show no significant difference between Indigenous and non-Indigenous fathers, and that Aboriginal (and/or Torres Strait Islander) fathers are positively involved in their children's education, despite experiencing structural disadvantages.

Chapter 12 brings together findings from the qualitative interviews with Aboriginal men regarding their experiences participating in nature-based therapy, the publications using data from the LSIC, national and international Indigenous masculinity scholarship, and a strengths-based approach. The four key benefits of the nature-based therapeutic program are detailed, along with the creation of a critical nation-wide theory of Aboriginal masculinity: 'space and place'.

The concluding chapter, Chapter 13, summarises the three aims of this thesis and details its implications. Future directions regarding the thesis aims are then suggested, before concluding comments are made.

Chapter 2 – Decolonising the Health and Wellbeing of Aboriginal Men in Australia

2.1 Preamble

This chapter contributes to the primary aim of this thesis by providing a sociological and social work understanding of Aboriginal masculinity in Australia. The chapter details literature, statistics, and policies which contribute to providing a picture of Aboriginal men's lived realities.

The second aim of this thesis, to understand Aboriginal men's experiences of participation in nature-based therapy, is addressed by exploring current approaches to enhancing Aboriginal men's health and wellbeing. These approaches are often taken from the worldview of non-Indigenous people, and do not consider the holistic and decolonised approaches Aboriginal men desire.

The thesis's third aim, providing a strengths-based narrative of Aboriginal men, is articulated in this chapter by highlighting current successful programs and approaches. The ongoing harmful structure of settler colonialism is acknowledged as contributing to the worse health and wellbeing outcomes of Aboriginal men, rather than individualist narratives, which tend to blame Aboriginal men for the problems they experience.

The text of this chapter was first published in the *Journal of Sociology* in May 2020. The paper as presented here has been lightly edited for consistency with the thesis. It was co-authored with the thesis's primary supervisor, Professor Douglas Ezzy:

Prehn, J, Ezzy, D 2020, 'Decolonising the health and well-being of Aboriginal men in Australia', *Journal of Sociology*, vol. 56, no. 2, pp. 151-166.

A facsimile of the original publication is attached as Appendix E.

2.2 Abstract

Aboriginal and/or Torres Strait Islander⁴ men have the worst health of any group in Australia. Despite this, relevant policies do not specifically explain how the issue will be improved. Existing research demonstrates the complexity of the problems facing Australian Indigenous men. The intersection of masculinity and Indigeneity, compounded by colonisation, historical policies, stigma, marginalisation, trauma, grief, and loss of identity, are key factors that shape these poor health outcomes. These poor health outcomes are acknowledged in federal and some state government policies, but these policies have not been implemented. The paper argues for a holistic and decolonised approach to Australian Aboriginal men's health. Effective models of intervention to improve men's health outcomes include men's groups, Men's Sheds, men's health camps/bush adventure therapy, fathering groups, and mentoring programs. Further research needs to be undertaken, with a greater emphasis on preventative health measures, adequate specific funding, culture- and gender-appropriate responses to health, and government policy development and implementation covering Aboriginal men's health.

2.3 Introduction

This paper argues for a holistic and decolonised approach to Australian Aboriginal men's health. Holistic approaches to Indigenous health are important because they begin to address some of the problems caused by the Australian Aboriginal history of cultural and social dislocation and oppression (Fredericks, Adams & Edwards 2011; Sherwood & Edwards 2006). The importance of a holistic approach to Aboriginal men's health is outlined in the National Aboriginal and Torres Strait Islander Male

⁴ This paper refers to both Aboriginal and/or Torres Strait Islander men, but the term Aboriginal has preference throughout, reflecting population data (Australian Bureau of Statistics 2017a). The Census indicates that of Australia's 649,200 Indigenous people, 91 per cent identify as Aboriginal, 5 per cent as Torres Strait Islander, and 4.1 per cent as Aboriginal and Torres Strait Islander.

Health Framework: Revised Guiding Principles (Australian Department of Health and Ageing 2010). The National Aboriginal Health Strategy Working Party (1989, p. 1) defines this holistic approach:

Aboriginal health means not just the physical well-being of an individual but refers to the social, emotional and cultural well-being of the whole Community in which each individual is able to achieve their full potential as a human being thereby bringing about the total well-being of their Community.

This holistic approach recognises the interconnectedness of physical, mental, social, emotional and cultural wellbeing of individuals, families and communities (Dudgeon, Milroy & Walker 2014). The diversity that exists in Aboriginal society spans all facets of life, from culture, knowledge systems and spirituality, to politics, economics, gender, sexuality, and lifestyles. Aboriginal society cannot be reduced to a homogenous group (Australian Department of Health and Ageing 2010; Kariippanon & Senior 2018; McLennan & Khavarpour 2004). Without a holistic approach to Aboriginal men's health, illness and poor health outcomes will continue.

Aboriginal and/or Torres Strait Islander men have the worst health outcomes of any group in Australia (Australian Department of Health and Ageing 2013b). There are approximately 322, 200 Aboriginal and/or Torres Strait Islander men (Australian Bureau of Statistics 2017a), and their average life expectancy is 10.6 years shorter than non-Indigenous men's (Australian Institute of Health and Welfare 2018) Aboriginal men are four times more likely to die accidental deaths and experience more frequent and intense mental health problems. Male suicide in Australia occurs at a rate three times greater than female (Australian Bureau of Statistics 2017b). However, the Aboriginal male suicide rate is twice that of non-Indigenous, while the rates for particular age cohorts are up to five times higher (Australian Department of Health and Ageing 2013a). These grim statistics highlight the health crises Aboriginal men are experiencing. There are other gender identities beyond the dichotomy of male and

female which impact health, but their complexity places them beyond the scope of this paper (Connell 2005a).

The mainstream Australian health system, reflecting a colonialist approach (Axelsson, Kukutai & Kippen 2016, pp. 2,5), lacks a culturally appropriate, holistic understanding of Indigenous health. Aboriginal conceptualisations of health take a holistic approach, encompassing interconnected aspects of physical, mental, social, and emotional wellbeing (Australian Department of Health and Ageing 2013b, pp. 9-10). The health of Aboriginal men in contemporary Australia is integrally related to historical, cultural, political, economic, psychological, physical and environmental circumstances (Canuto et al. 2018, pp. 4-7; McCalman et al. 2010, pp. 2-3). Western approaches continue to dominate responses to poor Aboriginal male health, overlooking Aboriginal knowledges and perspectives (McCoy 2008, pp. 66-68; Ngaanyatjarra Pitjantjatjar Yankunytjatjara Women's Council Aboriginal Corporation 2013, pp. 23-27). These responses have been largely ineffective. Effective responses require a decolonisation of the health system to empower Aboriginal men to take ownership of their health (McPhail-Bell et al. 2015, pp. 195-198; Sherwood & Edwards 2006, p. 178).

2.4 Aboriginal male identity

Colonisation has had a profound effect on Aboriginal male identity (Adams 1998, p. 7; Innes & Anderson 2015b; McCoy 2008, pp. 46-50). The British had experience colonising Indigenous peoples in other parts of the world before arriving on the Australian continent in 1788 (Dudgeon et al. 2014, p. 4; Taylor & Guerin 2010; Tharoor 2018). The British “believed that the introduction of Western education and Christianity would transform a morally decedent society” (Tharoor 2018, p. 201). Destroying Indigenous and gendered (Hardin 2002; Sinha 1995) identities and making their cultural practices illegal was an integral part of the colonising process. This process of colonisation is similar to that experienced by other Indigenous men, such

as the Māori (Borrel 2015; Mladineo et al. 2017), those in the Americas (Hardin 2002; Innes & Anderson 2015b), Native Hawaiian (Tengan 2002), Southern African (Morrell 1998), and Bengalis (Sinha 1995).

An example of colonisation resulting in marginalisation and incarceration in Australia was the Aboriginal men's prison on Rottnest Island that operated from 1838 to 1903.

More than 3,700 Aboriginal men were removed throughout WA (Western Australia) and sent to Rottnest during this period. These men and boys were the Elders, the Custodians and the Lore Men who were the keepers of order, culture, spiritual integrity and historical records for the Aboriginal community, as well as the protectors and providers for the women and children. This constituted the removal of "the leadership group" across all Aboriginal nations in WA (Rottnest Foundation 2018, p. 1).

Since the beginning of colonisation, major restrictions have been placed on Aboriginal male identity through removal, incarceration, legal restrictions, social dislocation, stigmatisation, and the loss of traditional methods of passing on culture (Axelsson, Kukutai & Kippen 2016; McCoy 2008, pp. 46-50, 56-59). The colonisation of Australia by the British has severely undermined the traditional roles of Indigenous men (Adams 1998, p. 7). The confusion and uncertainty associated with Aboriginal masculinity and its performance has resulted in men becoming lost and displaced within Aboriginal society (McCoy 2004, pp. 19, 21; Mladineo et al. 2017, p. 63). Premature death, excessive incarceration and poor health further contribute to the loss of male cultural identity. The demands of adjusting to non-Aboriginal society present an additional challenge, particularly when racism is common (Kowal & Paradies 2005, p. 1347; Ladson-Billings 1998). Historical injustices and the ongoing effects of colonisation have had a profoundly deleterious effect on the identities of Aboriginal men (Innes & Anderson 2015b; McCoy 2008, pp. 56-60, 92). The continued decolonisation of Australian society is crucial for Aboriginal men to grow strong and become empowered (Sherwood & Edwards 2006, p. 178).

Aboriginal men are forced into a marginalised masculinity when trying to adjust to non-Aboriginal society. Masculinity is performed in different ways depending on geographical location and period in history (Connell 1997, p. 8). Different masculinities can be marginalised and privileged when an idealised form of masculinity becomes hegemonic (Borrel 2015, pp. 829-832; Connell & Messerschmidt 2005). Aboriginal men are unable to adhere to mainstream Australian hegemonic masculinities because of their ethnicity. The intersectionality of being male and Aboriginal creates further disadvantage. This complex intersectionality was discussed at the *World Conference on Men's Health* (Meryn & Rieder 2001, p. 80). The state of affairs for Aboriginal men is far more complex than for non-Indigenous men. Indigenous and non-Indigenous men are both affected by patriarchal powers and privilege within society. However, there is also racism and disadvantage in the broader Australian society, across the contexts of race, ethnicity, and cultural beliefs, negatively affecting health (Pease 2013, pp. 13-14). From a critical race theory perspective, the experience of marginalised masculinity may be a significant contributing factor to Aboriginal men's poor health outcomes (Australian Department of Health and Ageing 2013b, p. 36; Delgado & Stefancic 2001, pp. 7-8; Ladson-Billings 1998, p. 7).

2.5 The dimensions of the problem

Aboriginal people experience the burden of disease at a rate 2.3 times greater than the non-Indigenous population (Australian Institute of Health and Welfare 2011b, p. viii). As of 2011, chronic diseases accounted for 64 per cent of the total disease burden of Indigenous Australians, and for 70 per cent of the gap between Aboriginal people and non-Indigenous Australians. The five highest ranking diseases among Indigenous men were coronary heart disease, alcohol and substance use disorders, suicide and self-inflicted injuries, diabetes, and anxiety disorders (Australian Institute of Health and

Welfare 2011b, p. 17). Approximately 37 per cent of the burden of disease was preventable by reducing exposure to modifiable risk factors (Australian Institute of Health and Welfare 2011b, p. 19).

The period 2007 to 2008 saw the hospitalisation of 120,000 Aboriginal men across Australia, excluding Tasmania and the ACT (Australian Institute of Health and Welfare 2009a). The standardised adjusted rate was 876 of every 1,000 Aboriginal men hospitalised, compared to 358 of every 1,000 non-Indigenous males. Hospitalisation rates for Aboriginal men are 2.4 times higher than those of non-Indigenous men (Australian Institute of Health and Welfare 2009a). More recent data regarding the causes of these hospitalisation rates were not available. However, the data from 1999–2000 showed Indigenous males were six times more likely to be hospitalised for care involving dialysis (Australian Bureau of Statistics 2002, p. 1). Other common causes of hospitalisation were injuries such as motor vehicle accidents and general accidents, mental and behavioural disorders, and respiratory disease.

The Australian Bureau of Statistics (ABS) found that 24 per cent of Aboriginal and/or Torres Strait Islander men reported experiencing high or very high levels of psychological distress in the previous four weeks (Australian Bureau of Statistics 2013, p. 1). This rate is more than double that of non-Indigenous men for most age cohorts. Life events are more likely to contribute to the higher levels of psychological distress among Aboriginal people (Australian Indigenous HealthInfoNet 2012, p. 9). These negative life events include the death of a family member or a friend, serious illness or injury, unemployment, substance abuse issues, overcrowding, or family or friends being involved with the criminal justice system. Supporting the social and emotional wellbeing of Aboriginal men is important to protecting against adverse life events (Department of the Prime Minister and Cabinet 2017, p. 7).

The higher level of psychological distress experienced by Aboriginal men has led to increased mental health hospitalisation rates (Australian Institute of Health and Welfare 2009a, 2009b), including for “schizophrenia, schizotypal and delusional disorders”, which was at a rate 2.4 times than for non-Indigenous men (Australian Institute of Health and Welfare 2009b, p. 56). The hospitalisation rate for Aboriginal men was 4.6 times that of non-Indigenous men for “mental and behavioural disorders due to psychoactive substance use”. Further, the number of deaths due to mental and behavioural disorders among Indigenous men living in several states was 5.8 times the non-Indigenous rate.

Past Australian federal, state and territory government policies have compounded stressful situations for Aboriginal people (Morse-Diop 2013). A history of colonisation, institutional racism, forced removal, and alienation from culture and identity are some of the major contributing factors to the higher prevalence of mental illnesses (Axelsson, Kukutai & Kippen 2016, pp. 1-7). These illnesses include trans-generational trauma, Post-Traumatic Stress Disorder (PTSD), grief and loss, depression, anxiety, adjustment disorders, and lack of identity. Aboriginal people may resort to self-medicating as a response to the social and cultural circumstances that they are born into and have little control over. Despite significant amounts of money being spent on Indigenous health through schemes such as ‘Closing the Gap’, “a December 2017 Australian Institute of Health and Welfare report found the mortality and life expectancy gaps are actually widening due to accelerating non-Indigenous population gains in these areas” (Holland 2018, p. 3).

Aboriginal people are also significantly over-represented in the Australian criminal justice system. In 2016, 26.7 per cent of incarcerated men were Aboriginal, despite being just three per cent of the male population (Australian Bureau of Statistics 2016c, p. 1). Former Prime Minister Kevin Rudd was quoted as saying “Australia is now

facing an Indigenous incarceration epidemic” (Bourke 2015, p. 1). The number of Aboriginal people incarcerated has increased by 88 per cent since 2004 (Korff 2015, p. 1). In 1992, one in seven prisoners were Aboriginal. If incarceration numbers continue at this rate, 1 in 2 will be Aboriginal by 2020. Further, there is a lack of holistic supporting structures for Aboriginal men when transitioning from incarceration into the community (Willis & Moore 2008, pp. xi, 44, 46-50).

Cultural, historical, and social factors are the main causes of the much higher rates of chronic disease (Australian Institute of Health and Welfare 2011b), hospitalisation (Australian Institute of Health and Welfare 2009a), psychological distress (Australian Institute of Health and Welfare 2009b), and incarceration (Australian Bureau of Statistics 2016c, p. 1) among Indigenous people in Australia. However, the most common responses to these issues are informed by an individualised Western biomedical model. This model is applied to the poor health outcomes experienced by Aboriginal people instead of acknowledging the collective structural experiences which are the key causes of much of the health inequality (Newman et al. 2007, p. 571). The neoliberal discourse shifts blame from the state to individuals. This discourse has been applied by consecutive governments and has become embedded in Aboriginal health policy since the 1990s (Walter 2010, p. 121). This dominant health discourse requires an ongoing process of decolonisation to meet the needs of Aboriginal people (Sherwood & Edwards 2006, p. 188). Innovation by health services to incorporate a holistic approach despite neoliberal confines is important if the health of Aboriginal men is to improve.

2.6 Policy

To improve the health of Aboriginal and Torres Strait Islander men, policy responses at all levels of government could benefit from a holistic and decolonised approach. The *National Aboriginal and Torres Strait Islander Male Health Framework* was

developed by consulting relevant experts (Australian Department of Health and Ageing 2010). The framework includes 11 guiding principles that were developed by the National Aboriginal and Torres Strait Islander Male Health Leadership Group. These principles are in place to help inform governments, service providers and other bodies and individuals to improve Aboriginal and Torres Strait Islander male health. They are:

- 1) reconstructing male empowerment and self-determination;
- 2) a holistic approach;
- 3) continuity of care;
- 4) shared, integrated, collaborative and responsible processes;
- 5) partnership approach;
- 6) strategy and policy development;
- 7) access and support;
- 8) the health workforce;
- 9) the evidence base;
- 10) allocation of funding; and
- 11) governance.

These guiding principles present a strong foundation for developing policies, strategies, programs or other means of improving Aboriginal male health.

The *National Aboriginal and Torres Strait Islander Health Plan 2013–2023* is a central document explaining how the Australian federal government plans to improve Indigenous health (Australian Department of Health and Ageing 2013b). The health plan shares a vision to close the gap between Indigenous and non-Indigenous health by 2031, as part of the ‘Closing the Gap’ initiative. Several priority areas are identified throughout the health plan, and yet Aboriginal men are not specifically addressed. The *National Aboriginal and Torres Strait Islander Health Plan 2013–2023* describes how Aboriginal men have the worst health outcomes of any group in Australia, yet does

not consider this a priority (Australian Department of Health and Ageing 2013b). Further, neither the *National Aboriginal and Torres Strait Islander Male Health Framework* nor the *National Male Health Policy* are referenced. The *National Aboriginal and Torres Strait Islander Health Plan 2013–2023* inadequately explains how the health of Aboriginal and Torres Strait Islander males will be improved.

Focusing on gender, The *National Male Health Policy* identifies Aboriginal men as a priority group (Department of Health and Ageing 2010). The policy importantly undertook eight specific consultation sessions with Aboriginal men, and refers to the *National Aboriginal and Torres Strait Islander Male Health Framework* (Australian Department of Health and Ageing 2010). However, the only specific federal funding allocated in this policy was \$6 million over three years. This funding was to provide support and services to Aboriginal men to encourage them to take part in the lives of their children and families. While it is good that the importance of Aboriginal men being involved with their families is recognised, this is a surprisingly narrow and limited response for a group facing the worst health outcomes in Australia.

At a state and territory level, there are no current specific Aboriginal and Torres Strait Islander male health policies or strategies. Instead, reference to this specific group occurs under Indigenous health generally or mainstream men's health. A notable example of Aboriginal men's health being addressed at the local level, however, is the *Aboriginal and Torres Strait Islander Men's Health Plan 2015–2020* developed by the Northern Sydney Local Health District (NSLHD) (Northern Sydney Local Health District 2015). This plan was developed by consulting local Aboriginal men who identified areas of service delivery which needed improvement to meet their health needs. The plan aims to improve service delivery across seven areas, and states specific strategies for how this will be achieved. The *Aboriginal and Torres Strait Islander Men's Health Plan 2015–2020* could be used by Aboriginal Medical Services, Local

Health Districts, Nation Aboriginal Community Controlled Health Organisation (NACCHO) and affiliates, or even by non-Indigenous health care providers, as a guide to developing their own Aboriginal and/or Torres Strait Islander men's health plans to meet their local needs (Northern Sydney Local Health District 2015). Leadership at a federal level may help states and territories align their relevant policies and identify how Aboriginal men's health can improve.

2.7 Appropriate models of Aboriginal male intervention

Aboriginal community-controlled primary health care clinics provide a comprehensive, culturally appropriate and holistic service (Alford 2014, p. 3). According to Panaretto et al. (2014), as for the "Aboriginal community controlled health service (ACCHS) sector; its focus on prevention, early intervention and comprehensive care has reduced barriers to access and unintentional racism, progressively improving individual health outcomes for Aboriginal people." There is evidence to suggest that health clinics can marginalise the needs of Aboriginal men (Canuto et al. 2018; McCoy 2008). This is done through predominantly female staff being employed and clinics becoming primarily female spaces. Having male Aboriginal health workers and clinical staff encourages Aboriginal men to visit and feel comfortable discussing health issues (McCoy 2008).

These barriers may help to explain why Aboriginal men are accessing Aboriginal Health Services less than women (Australian Institute of Health and Welfare 2011a). In the period 2009–2010, an estimated 2.4 million episodes of health care were provided by Aboriginal primary health care services. Of these episodes, 59 per cent were provided to female clients, and approximately 41 per cent to male (Australian Institute of Health and Welfare 2011a).

Health clinics specifically for Aboriginal men have been used with success by medical services (Wenitong 2002). Male-specific health clinics have sets time and locations to meet the needs of Aboriginal men. Male Aboriginal health workers and Aboriginal health practitioners are key health professions to utilise for successful Aboriginal men's health clinics (Tsey et al. 2014). The current services model can fail to account for the needs of Aboriginal men. Indigenous men have reported feeling socially excluded, and this also applies to accessing social services. Rather than labelling men as hard to reach clients, services need to consider their approach to service delivery (Tsey et al. 2014). This allows services to retain power over delivery and engagement, rather than lay blame on external phenomena. Attributes identified that engage men in service delivery are:

- good policy and practice development prior to set up of service;
- building trust;
- developing culture;
- mentoring youth; and
- promoting the importance of being a good father (Arney & Westby 2012; McCalman et al. 2010; Tsey et al. 2014).

A review of published and unpublished resources identified a variety of programs undertaken specifically by Aboriginal men to improve their health. These approaches include: men's health clinics (McCoy 2008; Wenitong 2002); men's camps (Mibbinbah 2017a); sporting groups (Hallinan & Judd 2007); fathering programs (Collard et al 2016; Hammond, 2011) Men's Sheds (Cavanagh et al. 2016; Sergeant 2010); and mentoring programs (Arney & Westby 2012). These programs have varied across Aboriginal communities throughout Australia. However, they have many common principles and aims: empowerment, social and emotional support, sharing culture, yarning, and being a culturally safe space (Arney & Westby 2012).

Aboriginal men's health programs are under-funded and have no specific funding source. The process of applying for funding and even knowing where to begin can be difficult and off-putting (Arney & Westby 2012; McCalman et al. 2010). Aboriginal men's programs can lack informed direction and research to assist those applying for funding, meaning there are difficulties knowing where to focus. Aboriginal men's groups provide a crucial form of support for participants (McCalman et al. 2010). In line with the Aboriginal conceptualisation of health, they take a holistic approach, with social and emotional wellbeing the primary dimension of health addressed, although mental and physical health can be improved, too. There can be significant community pressure on Aboriginal men's groups to provide answers to the issues men face. A variety of activities are undertaken by Aboriginal men's groups across Australia, and these can be both proactive and reactive:

A crucial aspect of any Aboriginal or Torres Strait Islander men's group is to emphasise the need for men to have a culturally safe space for healing, reflection and re-establishment of their roles in the family and community. They often emphasise that the group should be owned and managed by the men themselves. Men's group initiatives impact not only on men, but also on family and community members. (Arney & Westby 2012, p. 5)

The Men's Sheds movement has grown during recent times as an effective health intervention. Men's Sheds are "a safe and conducive environment for men to yarn and learn new skills about educational, employment and economic matters and enhance their social learning and ability to reconnect with Aboriginal and Torres Strait Islander traditions and culture" (Cavanagh, Shaw & Bartram 2016). They provide a useful and practical model for Aboriginal men's health promotion, prevention programs, informal counselling, cultural connections, relationship building, and teamwork (Sergeant 2010). Having an ongoing consultation with Aboriginal men to empower and allow them ownership over the Men's Shed is crucial for success (Sergeant 2010). Men can opt to undertake the activities they believe are important for their health and wellbeing.

For example, making cultural items such as waddies, clap-sticks and spears builds a sense of Indigenous identity, facilitates the transfer of cultural knowledge, and provides a platform for Aboriginal men to fulfil traditional roles of masculinity, improving their health (Sergeant 2010).

Aboriginal men's health camps have proven to be an effective method for improving health outcomes across different dimensions of health (Maller et al. 2006; Mibbinbah 2017b). These health interventions provide a means for Aboriginal men to connect to Country and undertake cultural activities. Connecting to Country is a key component of Aboriginal identity and cultural practices. Having a stronger connection to Country is beneficial to improving human health (Bowen & Neill 2013; Maller et al. 2006), although there is a lack of research specifically regarding Aboriginal men. Individuals with access to natural settings such as parks have been found to be healthier overall. The biophilia hypothesis (Wilson 1984) argues that humans are attracted to the natural world, an element that Aboriginal people incorporate into their culture and which is represented in the holistic conceptualisation of health (Dudgeon, Milroy & Walker 2014).

The *Quop Maaman: Aboriginal Fathering Project* is an example of a fathering program developed primarily by Aboriginal men for other Aboriginal men (Collard et al. 2016b). The program was designed for a Noongar⁵ context, with a strong language and cultural component. Aboriginal fathering programs are proactive and holistic in their approach to health. The foundations of this program provide an important framework for Aboriginal men in other parts of Australia looking to develop similar programs. The *Quop Maaman: Aboriginal Fathering Project* is built on the key principles of culture, a holistic approach, and empowerment. *The Koori Fathering Program: Pilot Phase Evaluation Report* found similar principles were crucial for

⁵ Noongars are Aboriginal peoples from the south-west of Western Australia.

success (Newell et al. 2006). Mainstream fathering programs were found not to be culturally appropriate, too female-orientated and difficult to access (Stuart, May & Hammond 2015). Aboriginal fathering programs improve fathering skills and the social and emotional wellbeing of participants, and this can have a ripple effect on their family and community.

Mentoring programs are an important component of improving the holistic health outcomes of Aboriginal men which are both proactive and reactive to those disengaged (Bainbridge et al. 2014). The Uncle-Nephew system is an important cultural way of teaching boys, teenagers and younger men based on an Aboriginal cultural framework, and has the potential to resolve many issues experienced by Aboriginal men (Spry 1999). In Aboriginal culture, the Uncle–Nephew relationship can be more powerful and important than the father–son relationship. For an Uncle-Nephew Program to be initiated in an Aboriginal community, Elders and senior men need to be consulted, given authority and take ownership. The Uncle-Nephew Program provides a strong framework for other mentoring programs. Overall, mentoring programs can be an effective empowerment strategy for health and wellbeing, although more research is needed (Bainbridge et al. 2014).

2.8 Suggestions for improvement

The main reason for the life expectancy gap between Indigenous and non-Indigenous men is excessive rates of chronic disease. By the time an Aboriginal man has developed a chronic disease, there are limited options for treating and overcoming the illness. Well-planned prevention programs have made significant improvements to health outcomes (National Preventative Health Taskforce 2009). Appropriate health interventions that empower Aboriginal men include those discussed above: men's health clinics (McCoy 2008; Wenitong 2002); men's camps (Mibbinbah 2017a); sporting groups (Hallinan & Judd 2007); fathering programs (Collard et al. 2016b;

Hammond 2011); Men's Sheds (Cavanagh, Shaw & Bartram 2016; Sergeant 2010); and mentoring programs (Arney & Westby 2012). These preventative measures could also reduce the incarceration rate of Aboriginal men. Indigenous men being more interconnected and supported to be healthy may result in reduced contact with the criminal justice system (Australian Medical Association 2015).

Implementing strategies to improve the lives and health of Aboriginal men will require specific funding. Funding is also required for further research with Aboriginal men. This funding would be an investment, saving taxpayers money in years to come. These savings will occur across the areas of health, social welfare, and criminal justice. Health services for Aboriginal men must be culturally appropriate and tailored to meet the needs of local men (Northern Sydney Local Health District 2015). Engaging Aboriginal men in the development process will help to empower them, and allow for self-determination of their health (Kinchin et al. 2015).

The group with the worst health outcomes in Australia would benefit from leadership at a federal level, and from a clear plan for policy implementation. The *National Aboriginal and Torres Strait Islander Health Plan 2013–2023* acknowledges that Aboriginal men have the worst health outcomes of any group in Australia, but fails to directly address them (Australian Department of Health and Ageing 2013b). A specific federal Aboriginal men's health policy could be developed. Alternatively, a revised *National Aboriginal and Torres Strait Islander Health Plan 2013–2023* could include a position on improving Aboriginal men's health. The third option is to have a specific section for Aboriginal men in the *National Men's Health Strategy 2020–2030* (Commonwealth Department of Health 2018) with a plan and stated means of implementation. The *National Aboriginal and Torres Strait Islander Male Health Framework: Revised Principles* (Australian Department of Health and Ageing 2010) is a strong foundational document to assist in this process. Engaging Aboriginal men

in their respective regions, states and territories from the outset of development is crucial—empowerment is a fundamental component of healing (Tsey et al. 2007).

2.9 Conclusion

To improve the health of Aboriginal men, a holistic and decolonised approach addressing the social determinants of health should be considered (Marmot 2007). The theory of social determinants of health postulates that population health is connected to features of society, including socio-economic status, social supports, ethnicity, and gender (Carson et al. 2007). Neoliberalism sees health as an individual problem, failing to recognise the significance of the social determinants of health for Indigenous men. The neoliberal approach to Aboriginal men's health appears to fall short. In contrast, holistic approaches which include the social determinants of health are important because they begin to address some of the problems created by the history of cultural and social dislocation and oppression.

The contexts of gender and ethnicity place Aboriginal men in a unique position in contemporary Australian society. Aboriginal men are oppressed with respect to their Indigeneity, but an intersectional matrix suggests they are privileged by their masculinity in a patriarchal society (Pease 2013). However, further analysis suggests Aboriginal men cannot adhere to 'mainstream' Australian society's hegemonic masculinity because of their Indigeneity (Connell 2005b). The inability to attain 'mainstream' hegemonic expectations can cause Aboriginal men to undertake more risks to prove their masculinity. Risk-taking behaviour can affect health outcomes and result in more interactions with the criminal justice system (Allard 2010; Kelly & Tubex 2015).

Existing research demonstrates the complexity of the problems facing Australian Indigenous men. Aboriginal men have the worst health outcomes of any group in

Australia. The intersection of masculinity and Indigeneity, compounded by colonisation, historical policies, stigma, marginalisation, trauma, grief, and loss of identity are key factors that shape these poor health outcomes. These outcomes are acknowledged in federal government policies, but no clear plan of improvement has been offered. Several models of male intervention to improve health outcomes have been identified, including men's groups, Men's Sheds, men's health camps, fathering groups, and mentoring programs. These demonstrate that a holistic, decolonised and culturally appropriate approach to health care is effective. Further, applying these aspects to the bio-medical model will improve the health of Aboriginal men. Despite evidence of this success, there is a lack of specifically allocated funding for the group with the worst health outcomes in Australia. If specific funding is provided to progress the issue, Aboriginal men will have the means to improve their health.

It should also be recognised that Aboriginal (and Torres Strait Islander) women and other non-binary gender people experience similar but unique challenges (Farrell 2015; Fredericks et al. 2017). In Australia, all Aboriginal people are marginalised because of their ethnicity (Dudgeon et al. 2014), but, when considering the context of gender, men, women, and non-binary Aboriginal people experience marginalisation differently. For example, Aboriginal women are marginalised by both patriarchy and whiteness, and this experience differs from Indigenous men, and white women (Moreton-Robinson 2000). While Aboriginal people who identify as non-binary are again marginalised in different ways (Clark 2015; Driskill 2011). For further discussions on the intersection of Indigeneity and gender and health and wellbeing see the *Gender Study* by the Aboriginal Health Council of South Australia (2019), or *Gendered Indigenous Health and Wellbeing within the Australian Health System: A Review of the Literature* by Fredericks et al. (2017).

Chapter 2 concludes that Aboriginal men face a complex set of problems, including “having the worst health outcomes of any group in Australia” (Australian Department of Health and Ageing 2013b, p. 36). Holistic and decolonised approaches that address the social determinants of health and wellbeing, such as socio-economic status, social supports, ethnicity, and gender, should be considered. The social determinants of health and wellbeing are important because they address problems created by settler colonialism. There needs to be a clear plan of action, with an appropriate allocation of funding, to address these social determinants of health and wellbeing for Aboriginal men in relevant federal, state, and territory government policies. These significant issues experienced by Aboriginal (and/or Torres Strait Islander) men are the prompt for a review of the international literature on Indigenous men’s health and wellbeing, presented in the next chapter.

Chapter 3 – Equality is Possible for the Health Outcomes of Indigenous Men: Learning from the Sámi in Norway

3.1 Preamble

This chapter, presenting the text of a forthcoming publication co-authored with this thesis' primary supervisor, Professor Douglas Ezzy, is an international literature review which examines some possible major factors increasing health inequality between Indigenous and non-Indigenous men in so-called 'First World' settler states. Data from five such states (Canada, Australian, Aotearoa/New Zealand, the United States, and Norway) on three variables are considered: Indigenous status, life expectancy, and income. Results indicate that the Sámi in Norway have outcomes more aligned with those of the non-Indigenous population. It is suggested that features of the Norwegian state, such as social democracy, strong Indigenous Institutions, and the willingness to adopt international conventions, are elements which may be contributing to these favourable outcomes.

3.2 Introduction

This is an international literature review examining some possible major factors affecting health inequality between Indigenous and non-Indigenous men in so-called 'First World' settler states. The effects of colonisation on Indigenous men in 'affluent' settler states have typically resulted in poorer health and wellbeing, reduced socio-economic status, and increased marginalisation compared to non-Indigenous men. Indigenous men in Australia, Aotearoa/New Zealand, Canada, and the United States, have significantly worse health and socio-economic status than non-Indigenous men. In comparison, the Sámi in Norway are not as disadvantaged. This chapter considers data from five 'First World' settler-colonial states on three variables: Indigenous status, life expectancy, and income. Results indicate that the Sámi have outcomes more

aligned with those of the non-Indigenous population. It is suggested that features of the Norwegian state such as social democracy, strong Indigenous institutions, and willingness to adopt international conventions are elements which may be contributing to these favourable outcomes.

The health of Indigenous men from ‘First World’ settler-colonial states is significantly worse than that of non-Indigenous men. The gap in life expectancy between Indigenous and non-Indigenous males in Canada, Australia, Aotearoa/New Zealand, and the United States (collectively referred to as the CANZUS countries) ranges from seven years in the United States (Ministry of Health 2018), to greater than 10 years in Australia (Australian Institute of Health and Welfare 2018). For affluent First World countries, this ought to be unacceptable.

Other measures comparing the CANZUS settler states’ Indigenous and non-Indigenous populations show outcomes for Indigenous people lagging behind. For example, the income of the CANZUS countries’ Indigenous population is greatly reduced compared to their respective non-Indigenous inhabitants. These disparities range from the Māori in Aotearoa/New Zealand and Canadian First Nations people receiving an average of 73 per cent of their non-Indigenous counterparts’ income (Statistics Canada 2010; Stats NZ 2013), to Aboriginal and Torres Strait Islander people in Australia having an average income of just 65 per cent of the average non-Indigenous worker (Australian Bureau of Statistics 2016b).

The health outcomes of the Sámi are exceptional compared to other Indigenous peoples in the circumpolar region (Lund, Brustad & Høgmo 2008; Young & Chatwood 2011). Typically, the Sámi do not experience higher levels of chronic disease, increased rates of substance abuse, or lower average life expectancy as observed among the Inuit people of Canada and Alaska (Young 2008). This suggests that there is something specific about the Sámi experience that warrants careful examination.

This chapter argues that it is possible to attain greater equity between Indigenous and non-Indigenous males in ‘First World’ settler states. To achieve this, the health outcomes of the males in the CANZUS countries and the Sámi in Norway are explored. Bivariate data regarding average male life expectancy and income of the Indigenous and non-Indigenous populations are considered. The greater levels of equity between the Sámi and non-Indigenous Norwegians is then investigated. It is suggested that these improved outcomes may be attributed to differences within the Norwegian state compared to the CANZUS countries, namely social democracy, strong Indigenous institutions, and the willingness to sign and enact international conventions.

3.3 Health of First World settler state Indigenous men

The health outcomes of Indigenous peoples living in the ‘First World’ CANZUS countries have several parallels when compared to their respective non-Indigenous populations. Research by Anderson et al. (2016), shows similarities between Aboriginal and Torres Strait Islander, Canadian First Nations, Inuit, Metis, Native American and Māori people in terms of average life expectancy gaps when compared to their countries’ non-Indigenous populations. Other similarities also identified by Anderson et al. (2016) include poorer child health outcomes, poorer educational attainment, and lowered socio-economic status.

These similarities of outcome are thought to be the result of a shared history of colonisation. The CANZUS countries have significant Indigenous populations that have experienced settler colonialism (Wolfe 1999, 2016), a specific form of ongoing colonisation under which the original Indigenous population is replaced by settlers. The progression of settler colonialism ranges from violent depopulation to more subtle means: Indigenous identity being decided within a colonial framework, the implementation of a settler legal system over Indigenous populations, etc. (Wolfe 2006).

Settler colonialism is an ongoing system of power that perpetuates the genocide and repression of Indigenous peoples and cultures. Essentially hegemonic in scope, settler colonialism normalizes the continuous settler occupation, exploiting lands and resources to which indigenous peoples have genealogical relationships. Settler colonialism includes interlocking forms of oppression, including racism, white supremacy, heteropatriarchy, and capitalism. This is because settler colonizers are Eurocentric and assume that European values with respect to ethnic, and therefore moral, superiority are inevitable and natural. (Cox 2017, p. 1)

The average life expectancy gap is between seven and 10 years for Indigenous men from the CANZUS countries (see Figure 2). In Australia, Aboriginal and Torres Strait Islander men have an average life expectancy of 69.1 years, compared to the non-Indigenous male average of 79.7 years (Australian Institute of Health and Welfare 2018). Similarly, for Indigenous Canadians men, the life expectancy gap is nearly nine years (Statistics Canada 2017). It is eight years for Māori men (Ministry of Health 2018), and seven for Native American men (World Life Expectancy 2018).

The over-representation of chronic disease is a similarity among CANZUS Indigenous men. These diseases include diabetes (Australian Institute of Health and Welfare 2011b; Casey et al. 2008) and various types of cancer (Kidd et al. 2013); heightened levels of poor mental health and psychological wellbeing are another common health problem (Australian Bureau of Statistics 2013; Kidd et al. 2013).

Also shared is a significantly lower income among CANZUS country Indigenous peoples than among the non-Indigenous population. Income is a major social determinant of health (Carson et al. 2007; Marmot 2005, 2011): “Higher income and social status are linked to better health. The greater the gap between the richest and poorest people, the greater the differences in health” (World Health Organisation 2020, p. 1). All four CANZUS countries’ Indigenous peoples have a significantly lower income compared to their respective settler states’ non-Indigenous population

(Australian Bureau of Statistics 2016a; Statistics Canada 2010; Stats NZ 2013; United States Census Bureau 2015). These reduced rates range from more than a third less for Australian Aboriginal and Torres Strait Islander people to a quarter less for Māori and Canadian First Nations people (see Figure 3.3, below).

3.4 ‘First World’ settler state Indigenous men’s health and wellbeing programs

To improve health and wellbeing outcomes amongst the CANZUS countries’ Indigenous men, the suggested responses also have similarities. These responses are spread across five thematic areas: consultation and engagement with Indigenous males; a holistic approach to health care; decolonised and culturally appropriate services; gender suitability; and Indigenous culture being a protective factor.

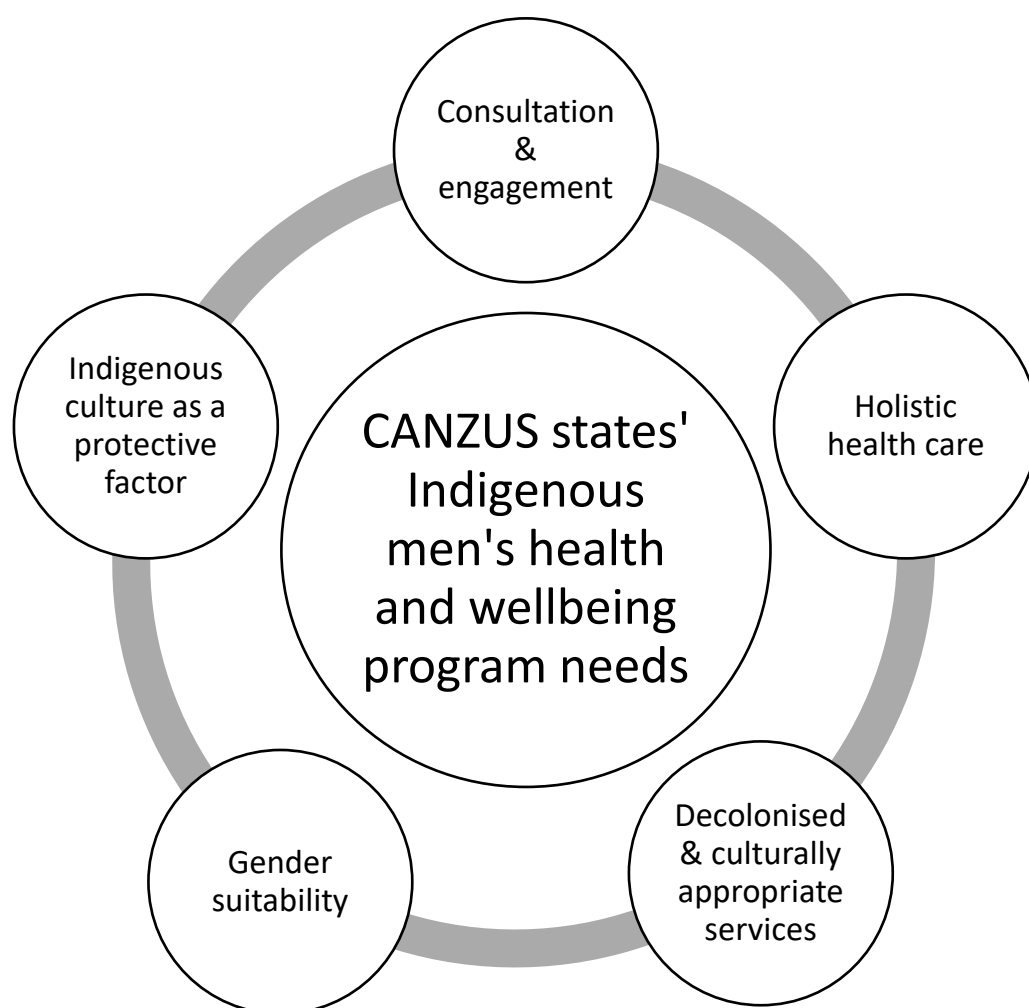


Figure 3.1 Thematic analysis of CANZUS states’ Indigenous men’s health and wellbeing program

needs

The need for consultation and engagement with Native American Crow men has been outlined as an important first step, providing a strong foundation for health and wellbeing programs (Lachapelle, Dunnagan & Bird 2011). This need is also identified as crucial for engagement by Canadian First Nation men (Aboriginal Health 2014). While Māori men receiving health care for chronic illnesses discussed the need for consultation and engagement in a culturally appropriate manner they could understand (Kidd et al. 2013). Without consultation and engagement, Eurocentric, settler-colonial norms can prevail, resulting in unsatisfactory health and wellbeing programs.

The demand for a holistic approach to health and wellbeing is a priority amongst CANZUS Indigenous men. Canadian First Nations men invited to participate in a discussion on holistic health in Northern British Columbia identified components such as connection to land, community relationships, practising culture and spirituality as important to their health and wellbeing (Aboriginal Health 2014). Likewise, spirituality is identified as a component of good health for Crow Native American men (Lachapelle, Dunnagan & Bird 2011), while another study exploring diabetes among Native American men identified the need for a holistic approach (Casey et al. 2008). The necessity of holistic health care for Māori (Durie 1998; Kidd et al. 2013) and Aboriginal and Torres Strait Islander people (Gee, Schultz, et al. 2014) is also acknowledged.

CANZUS men recognised decolonised, culturally appropriate health and wellbeing services and resources as vitally important. For example, Native American men from the Great Lakes Reservation said that to overcome substance abuse issues, they needed culturally suitable presentation methods and treatment programs (Matamonasa-Bennett 2017). A similar finding was made for Crow Native American men (Lachapelle, Dunnagan & Bird 2011), and for Canadian First Nations men in Northern British Columbia (Aboriginal Health 2014) and Vancouver (Gross et al. 2016). In

Aotearoa/New Zealand, contemporary gym culture differences between Māori and settler populations are identified as a barrier to participating in physical activity (Warbrick, Wilson & Boulton 2016), while for Indigenous Australian men, culturally appropriate service programs are also identified as essential (Adams et al. 2017): “Culture shapes the way people understand their health and illness. In Native cultures, sickness in men is perceived as a sign of weakness. To be strong, a Native man often ignores or plays down his illness and/or disease” (Verde, Li & George 2003).

The need to decolonise health services provided by settler-colonial states for CANZUS country Indigenous males is a thematically related area. Māori have said that they receive sub-optimal health care compared to the non-Indigenous population (Elers 2014), and that the Aotearoa/New Zealand health system caters to the non-Indigenous population and is not culturally safe (Wilson & Barton 2012). Māori men with chronic illnesses identify the need for health service staff to be appropriately trained to work effectively and to understand Māori worldviews and culture as a priority (Kidd et al. 2013).

This requires health services and structural features that affect the ability to deliver holistic, culturally appropriate and gender suitable health care for Indigenous males to be decolonised; “Reconnection to traditional culture, community and spirituality is seen as being essential to improving health and wellbeing at both the individual and collective levels” (Aboriginal Health 2014).

The notion of gender-appropriate services is another theme in the CANZUS Indigenous male health and wellbeing literature. A study conducted on a Native Canadian Reserve found specific differences experienced by men and women accessing health care (Verde, Li & George 2003). Men utilised the services less than women, highlighting the need for gender-specific strategies. A lack of gender-

appropriate services for Māori fathers whose child had experienced Sudden Infant Death Syndrome (SIDS) were also identified as problematic (Edwards et al. 2009).

In Australia, research has investigated health service utilisation among Aboriginal and Torres Strait Islander men, who have generally been labelled ‘hard to reach’. The research found, however, that they are interested in their health and wellbeing. On this basis, services need to adapt their delivery to meet the needs of those they are aiming to serve (Canuto et al. 2018). Similarly, Native American Crow men lacked confidence when accessing health services because they preferred male staff members to discuss male-specific health concerns with (Lachapelle, Dunnagan & Bird 2011). The belief that Indigenous culture functions as a safeguarding element, increasing resilience, is collectively held among CANZUS Indigenous men. A study that included Māori males found participation in Māori culture (cultural efficacy) to be associated with lower levels of psychological distress (Muriwai, Houkamau & Sibley 2015). Another study found that Māori fathers who had experienced Sudden Infant Death Syndrome (SIDS) undertook cultural practices as a way of coping (Edwards et al. 2009). Native American men who had self-medicated with alcohol found that reconnecting with their Indigenous cultural values helped to maintain sobriety (Matamonasa-Bennett 2017):

In terms of recovery, the men varied in terms of stage and length of time, but all believed that returning to traditional spiritual and cultural traditions were keys to sobriety and non-violence. Prevention and intervention efforts that have focused on revitalization of traditional culture as a means for sobriety have supported this view. (Matamonasa-Bennett 2017, p. 1147)

In summary, Indigenous males in Australia, Aotearoa/New Zealand, Canada, and the United States have a shared experience of settler colonialism, which has produced similarities in reduced life expectancies, increased rates of chronic diseases, and reduced incomes compared to their non-Indigenous counterparts. Literature suggests five thematic areas for analyses of health and wellbeing programs for Indigenous males

in the CANZUS countries: consultation and engagement; holistic health care; decolonised and culturally appropriate services and resources; gender suitability; and Indigenous culture as a protective factor.

3.5 The Sámi in Norway

One group of Indigenous people living in a so-called ‘First World’ country whose health outcomes are more aligned with the non-Indigenous settler state population are the Sámi in Norway. The Sámi are the Indigenous people of Northern Scandinavia and the Kola Peninsula. Estimates place the contemporary Sámi population between 80,000 to 110,000 (Hassler et al. 2004; Hoffecker 2005; Pettersen & Brustad 2013). The Norwegian Sámi population is the largest at approximately 60,000, followed by Swedish Sámi at 36,000, and Finnish Sámi at 10,000. A small number of Russians, roughly 2,000, identified as Sámi as of 2002.

Like Indigenous people in the CANZUS countries, the Sámi, too, have experienced the negative progressions of settler-colonialism. For centuries, either independently or in various nation-state configurations, Denmark, Finland, Norway, Russia and Sweden have all occupied and colonised Sámi territory (Henriksen 2008). In the Nordic countries:

[the Sámi] had to contend with land encroachments, state-sponsored settlement programs, discrimination, political and cultural oppression and policies of assimilation. In many Sámi communities, state authorities successfully managed to destroy the Sámi culture and eliminate the language through aggressive assimilation policies and programs. (Henriksen 2008, p. 28)

However, in response to the progression of Nordic settler colonialism, the Sámi began organising themselves politically. Traditional Sámi community structures and leadership were seen as inadequate to protect their rights, interests, culture and language against the advancement of settler colonialism (Henriksen 2008). As such,

in 1956, the Nordic Sámi Council was established. The primary aim of the council was to advocate for and promote the interests and needs of the Sámi at a local, regional, national, and international level.

Today in the northern Norway ‘core’ Sámi population area, there are several other notable institutions. These include the Sámi Parliament of Norway, the Sámi University of Applied Studies, and research centres. There is also a highly organised and self-managed Sámi health system. This employs a range of Sámi health care professionals, most of whom are fluent in the Sámi language (Kvernmo 2012). At educational institutions, compulsory education through to tertiary studies is given in Sámi language (Kvernmo 2012). Interestingly, there are greater retention rates than the majority population in the same area.

The mental health of Sámi people with a strong connection to culture is found to be better than for those with a reduced link. A quantitative study of young Sámi aged 18 to 28 ($N = 519$) found that 71 per cent reported a close connection to the Sámi community, positive self-perception and that their lives were meaningful (Kvernmo 2012). An attachment to Indigenous culture is also identified as positively contributing to the health and wellbeing of Māori (Edwards et al. 2009; Muriwai, Houkamau & Sibley 2015), Native Americans (Matamonasa-Bennett 2017) and Aboriginal and Torres Strait Islanders (Parker & Milroy 2014).

In the past two decades, more research into the health outcomes of the Sámi population in Norway has been undertaken (Lund et al. 2007; The Arctic University of Norway 2018). Despite the growing body of research, there remains limited literature on the health outcomes of the Sámi overall. However, a review of scientific journals and anthologies comparing the health of the Sámi living in Norway, Sweden and Finland found many similarities between Sámi and the non-Indigenous population (Sjölander 2011). With this closer health parity between the Sámi and the non-Indigenous

population, average male life expectancy and income is valuable information for comparisons with the worse outcomes experienced in the CANZUS countries.

3.6 Methodology

This paper uses bivariate data collected by state statistical agencies: the Australian Bureau of Statistics, Statistics Canada, the United States Census Bureau, Tatauranga Aotearoa (Statistics New Zealand) and Statistics Norway. Data pertaining to average Indigenous male life expectancy are compared to non-Indigenous males or to an appropriate comparison population from the same country. The second lot of data considered are on Indigenous income measured against the nation-state's comparable non-Indigenous population. Income data specific to Indigenous men from each of the five nation-states are not readily available.

The bivariate data between different nation-states are not directly compared. This method of comparison is the same used by 'A global snapshot of indigenous and tribal people's health' published in *The Lancet* (Anderson et al. 2016). The reason for this approach is that the varying data collection methods involved and the unique history of each Indigenous population makes direct comparison complex (Anderson et al. 2016; Australian Institute of Health and Welfare 2011c). For example, the Australian Bureau of Statistics collects income data from age 15, and uses the income median (Australian Bureau of Statistics 2016a), but Statistics Norway collects income data from age 17 and uses the income average (Australian Bureau of Statistics 2016a; Statistics Norway 2018).

3.7 Results

3.7.1 Average Indigenous male life expectancy

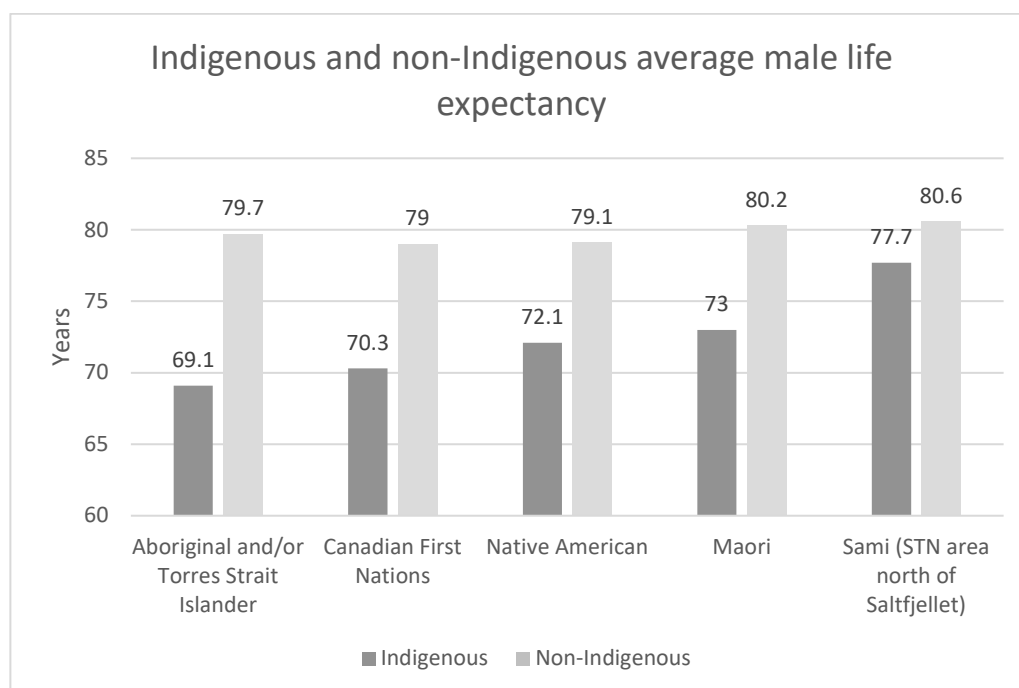


Figure 3.2 Indigenous and non-Indigenous average male life expectancy

As shown in Figure 3.2, there is a pattern among Indigenous men's average life expectancies compared to their non-Indigenous counterparts. While the average Sámi (STN Area north of Saltfjellet) male life expectancy has reduced disparity to the non-Indigenous population, the non-Indigenous average male life expectancy from these five First World countries have similarities, all being between 79 and 80.6 years.

In Australia, the average Aboriginal and/or Torres Strait Islander male life expectancy is 69.1 years, compared to 79.7 years for non-Indigenous males (Australian Institute of Health and Welfare 2018). Māori men have an average life expectancy of 72.8 years compared to 80.2 for the non-Indigenous male population (Ministry of Health 2018). For Native American men, their average life expectancy is 71 years, compared to 77 years for non-Indigenous men (World Life Expectancy 2018). Canadian First Nations men have an average life expectancy of 70.3 years, compared to 79 years for non-Indigenous Canadian men (Statistics Canada 2017). The average male life expectancy

of Sámi from the STN area is 77.7 years compared to 80.6 years for non-Indigenous Norwegian men throughout Norway—a difference of fewer than three years (Statistics Norway 2016a).

3.7.2 Indigenous income

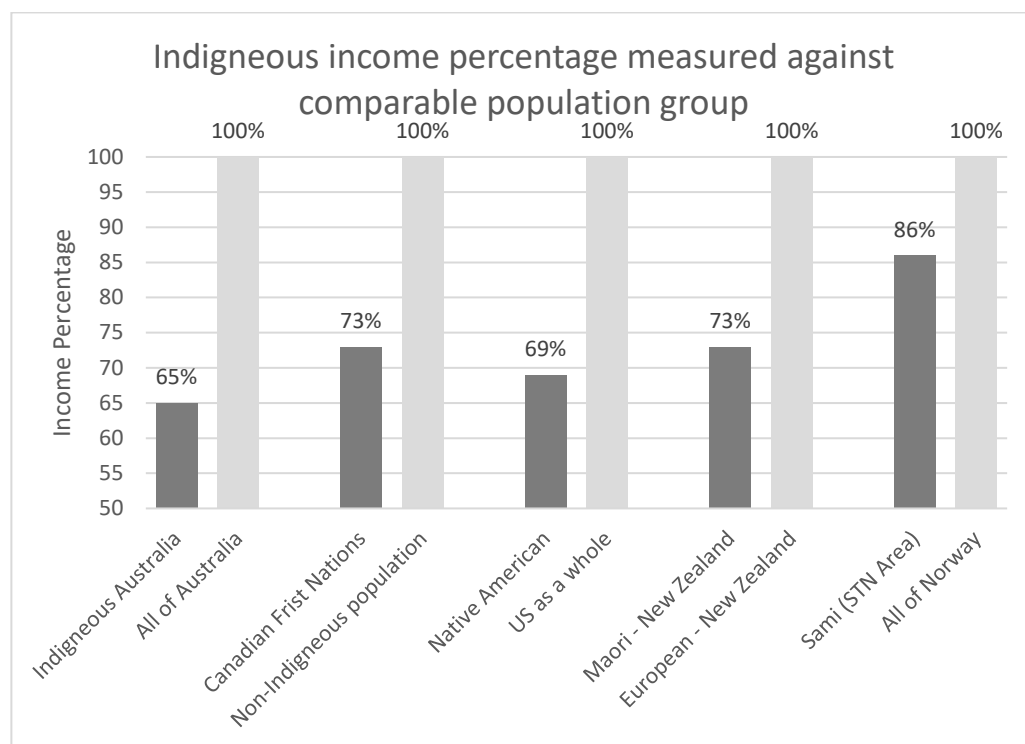


Figure 3.3 Indigenous income percentage measured against comparable population group

Figure 3.3 shows Indigenous income percentage measured against the equivalent settler state population. There are similarities among CANZUS Indigenous people's income compared to their non-Indigenous populations. These disparities range from incomes approximately a third less in Australia to about a quarter lower in Canada and Aotearoa/New Zealand, while for the Sámi in Norway (STN Area), the income disparity is 14 per cent lower than Norway's population average.

In 2011, the average gross income for all Norwegians aged over 17 was 7,237 NOK per week (Statistics Norway 2018). Comparatively, the average gross income for Sámi (STN Area) aged over 17 was 6,213 NOK per week, or 86 per cent (Statistics Norway 2018). Applying the same method to the median income for Indigenous Australia and

Australia overall shows a greater disparity. In 2016, the median gross income for Australians aged over 15 was AU\$557 per week (Australian Bureau of Statistics 2016a), and AU\$362 per week for Indigenous Australians, or 65 per cent (Australian Bureau of Statistics 2016b).

A similar trend holds for Canadian Aboriginal (First Nation, Inuit, and Metis), Native American and Māori people. For Indigenous Canadians, the median after-tax income for those aged 15 years and older was CA\$386 per week (Statistics Canada 2010). Comparatively, the non-Indigenous median after-tax income for people aged 15 and over was CA\$531 per week (Statistics Canada 2010). Canadian Aboriginal people made 73 per cent of the non-Indigenous population's income. In 2015, Native Americans' median household income was US\$764 per week, against \$1,108 per week for Americans overall, a difference of 69 per cent (United States Census Bureau 2015). The median personal income for Māori was NZ\$443 per week, and \$594 per week for all New Zealanders (Stats NZ 2013); in other words, Māori earned 73 per cent of overall average income.

3.8 Discussion

Three patterns emerge from a comparison of men's health outcomes in the CANZUS countries and Norway: first, the similarities among the CANZUS settler-colonial states' Indigenous male average life expectancy compared to non-Indigenous males (see Figure 3.2); second, between Indigenous and non-Indigenous incomes (see Figure 3.3); and third, that the life expectancy and incomes of Sámi men in Norway more closely align with those of the non-Indigenous population (see Figure 3.2 Figure 3.3).

Three features of the Norwegian state may be contributing to these superior outcomes. First, Norway is a social democracy, unlike the liberal democracy CANZUS countries. Stemming from this is the second feature: the establishment of Sámi institutions, such

as the Sámi Parliament of Norway. Third is the willingness of the Norwegian state to adopt and implement international conventions, such as the United Nations Declaration on the Rights of Indigenous People (UNDRIP) (United Nations 2008). These three features contribute to improved attainment of Indigenous male health and wellbeing program needs, as outlined in Figure 3.1.

3.8.1 Social democracy

A central principle of social democracies, including Norway's, is the concept of community-oriented collectivism, under which governments aim to protect the collective interests of inhabitants who may be poor or marginalised (Woodward, Parkin & Summers 2013). For example, reduced income among a certain population may be targeted by government policy or strategies to create greater equality. Additional features of social democracies include a welfare state, universal health care, greater social mobility, and being built upon a foundation of human rights (Woodward, Parkin & Summers 2013). Such features may be contributing to the closer parity between Sámi and non-Indigenous average male life expectancy compared to the CANZUS countries.

Conversely, the CANZUS settler states are liberal democracies, which tend to focus on deregulation, of the economy and of service provision (Woodward, Parkin & Summers 2013). They advocate for smaller government overall, a goal they often achieve through privatisation of state-owned assets and services, including health. They embrace *laissez-faire* economic policies and evince confidence in trickle-down economics (Walter 2010). In a settler society, this approach can further marginalise the economically unfortunate, particularly Indigenous people.

Settler colonialism is a continuing system of power that privileges the settler while oppressing the Indigenous population (Wolfe 1999). This oppression is amplified by liberal democracies that advocate for individualism over government intervention to

increase equity. In liberal democratic settler-colonial states, economic resources and power that enhance opportunities to achieve prosperity have been taken away from Indigenous people and given to settlers (Cox 2017).

A nation-state's political system can also have a substantial influence on how health and wellbeing services are delivered. The Norwegian health system is built on the principle of equal access for all, regardless of economic status or location. This collectivist approach to health is legislated and embedded in policy documents (Ringard et al. 2014). With this position, Norway has a strong publicly funded health system that achieves high average life expectancies with moderate expenditure per capita (Young & Chatwood 2011). As The Arctic University of Norway (2018, p. 1) states:

Much of our teaching has a Sámi perspective and emphasises cultural understanding and cultural norms in health practice. We are working to establish an overall plan for Sámi health within the faculty's education system. The ambitions in research and education with a Sámi perspective are guided by *The Convention on Indigenous Peoples and Tribesmen*.

3.8.2 Sámi institutions in Norway

The Sámi in Norway have several key contemporary institutions which may be contributing to their comparatively good life expectancy and incomes. "The term institution is used to describe social practices that are regularly and continuously repeated, are sanctioned and maintained by social norms, and have a major significance in the social structure" (Abercrombie, Hill & Turner 2006, p. 200). The central institution for the Sámi in the Norwegian settler state is the Sámi Parliament of Norway, although the Nordic Sámi Council has played a significant role historically: "It must be remembered that one of the first worldwide Indigenous institution was established by the Sámi people in 1956 and it is represented by the Nordic Saami Council, later denominated Saami Council" (Baggio 2017).

The Sámi Parliament of Norway's main responsibility has been to achieve autonomy and self-governance of their internal affairs. This task has been in the shadow of social democratic settler colonialism. The work of the Sámi Parliament in Norway includes political programs for the Sámi Conference, and making decisions, declarations, and statements (Saami Council 2018). While the Sámi Parliament is primarily an advisory council, it does have the power to undertake its own initiatives, and has authority over some areas (Gaski 2008):

The Sámi are one people, and that like all other peoples they have the right to freely determine their own political status, freely pursue their own economic, social and cultural development and freely dispose of their natural wealth and resources for their own ends. (Henriksen 2008, p. 29)

The Sámi Council is a non-governmental organisation that represents the Sámi people in several capacities, including at the Arctic Council Indigenous Peoples Secretariat, Sámi Parliamentary Council, and the United Nations Economic and Social Council (ECOSOC) (Saami Council 2018). The Sámi Council also aims for the Sámi to be recognised as a nation, and for the legislation of cultural, political, economic, and social rights of the Sámi people within Norway, Sweden, Finland, and Russia. The Sámi Council is a key institution for the Sámi people and for their status as Indigenous people.

Comparatively, settler-colonial liberal democracies appear to place greater limitations on their respective Indigenous populations' ability to have meaningful institutions. For example, Aboriginal and Torres Strait Islander people in Australia do not have an institution like the Sámi Parliament in Norway (Saami Council 2018) to attain self-governance of their internal affairs. Instead, Australia has an Indigenous Affairs ministerial portfolio, with power retained at a federal level by the settler state. Were Aboriginal and Torres Strait Islander autonomy to be achieved, it may contribute to more equitable outcomes by displacing Eurocentric models of health and economics.

3.8.3 International conventions

International conventions are platforms for countries to make collective discussions and agreements. The Indigenous and Tribal Peoples Convention of 1989 is an earlier, binding convention on Indigenous peoples and their rights (International Labour Organization 1989). The Convention's preamble and 44 articles address land, employment, social security and health, and education. Norway joined the Convention in 1990, but the CANZUS countries are yet to ratify it.

The Norwegian state also supported the later United Nations Declaration on the Rights of Indigenous Peoples (UNDRIP) (United Nations 2008). A majority of the 144 member countries of the UN were in favour, while 11 abstained and four voted against. Those opposed were Australia, Canada, Aotearoa/New Zealand and the United States, although they later endorsed a non-binding resolution. The UNDRIP has 46 articles, addressing culture, identity, language, employment, education, and health. The convention does not enumerate additional human rights and instead clarifies how human rights apply in an Indigenous context.

Because the UNDRIP is non-binding, it relies on countries to enact it through legislation. The introduction of the Nordic Saami Convention (Norway, Sweden, and Finland) in 2017 provides an example of an international convention protecting Indigenous interests at the state level (Vidmar, 2017). The Nordic Saami Convention contains 51 articles relating to the development and implementation of the convention, Sámi rights, governance, language, culture, land and water, and livelihood (Koivurova, 2006). Article 29 is concerned with health and social services:

The states shall, in cooperation with the Saami parliaments, ensure that health and social services in the Saami settlement areas are organized in such a way that the Saami population in these areas are ensured health and social services adapted to their linguistic and cultural background. Also health and social services outside the Saami settlement areas shall pay regard to the linguistic and cultural background of Saami patients and clients. (Sametinget, 2018, p. 7)

The legislation of Article 29 by Norway would provide a foundation to ensure the Sámi people receive health and social services that meet their needs. If the CANZUS countries were to adopt a similar provision, the Indigenous and non-Indigenous average male life expectancy disparity may be improved. Further, such a provision would underpin the health and wellbeing program needs of CANZUS settler state Indigenous males, as outlined in Figure 3.1.

3.9 Limitations

The main limitation of this chapter is the availability of data pertaining to Indigenous peoples from the five states. For example, the data from Statistics Norway use the ‘Sámi Parliament subsidy schemes for business development’ (STN) area as a variable. The STN area is a geographical region with approximately 55,500 resident Sámi; it does not capture Sámi living elsewhere in Norway (Statistics Norway 2016b). A different measure for Sámi ethnicity, such as self-identification (as used in Australia), may produce different results (Pettersen 2015).

The shortage of readily available data on Indigenous income by gender meant that income of both male and female Indigenous people is combined. It should be noted that, because of patriarchy, males on average earn more than females (Korpi 2000). Comparing just male Indigenous and non-Indigenous income data may show a difference in income percentages. One available publication using the *Household Income and Labour Dynamics in Australia* (HILDA) dataset suggests that Indigenous men earned 55 per cent of non-Indigenous men’s income (Howlett, Gray & Hunter

2016). While Indigenous women earned 70 per cent of their non-Indigenous female counterparts' income, but less than both Indigenous and non-Indigenous males.

To overcome these limitations in future research, settler states need to work with and empower Indigenous peoples to improve data collection. Indigenous data sovereignty and Indigenous data governance is one means of achieving this (Kukutai & Taylor 2016). In Australia, Aboriginal and Torres Strait Islander people have defined Indigenous Data Sovereignty as “the right of Indigenous people to exercise ownership over Indigenous Data. Ownership of data can be expressed through the creation, collection, access, analysis, interpretation, management, dissemination and reuse of Indigenous Data” (Maia Wingara 2018, p. 1). Indigenous data governance is defined as “the right of Indigenous peoples to autonomously decide what, how and why Indigenous Data are collected, accessed and used. It ensures that data on or about Indigenous peoples reflects our priorities, values, cultures, worldviews and diversity” (Maia Wingara 2018, p. 1). The implementation of these two concepts would overcome these data deficiencies.

3.10 Conclusion

This chapter has argued that it is possible to attain greater equality between Indigenous and non-Indigenous men in ‘First World’ settler states. Indigenous men in Australia, Canada, Aotearoa/New Zealand and the United States face similarly reduced average life expectancies compared to the non-Indigenous populations. Putting appropriate health and wellbeing services in place can improve the situation. Components of this include: consultation and engagement with Indigenous men; holistic health care; decolonised and culturally appropriate services; gender suitability; and Indigenous culture as a protective factor (see Figure 3.1).

A pattern of income disparity is also visible. Income is a social determinant of health, and, as such, reducing income inequality between Indigenous and non-Indigenous people will contribute to their improved health and wellbeing.

However, not all Indigenous peoples in ‘First World’ settler-colonial states experience these levels of disparity. The Sámi in Norway experience health and income results more closely aligned with the non-Indigenous population. These improved measures may be partly attributed to Norway’s social democracy. Social democracies place greater emphasis on equality across an entire population. While features of this can be found in the CANZUS settler-colonial liberal democracies, the marginalisation of Indigenous people for the benefit of settlers continues. An additional component of Norway’s social democracy which may be benefitting the Sámi is the enhanced levels of autonomy achieved through Indigenous institutions. The Sámi Parliament of Norway and its ability to influence Sámi affairs is an example. The Sámi also benefit from the readiness of the Norwegian state to endorse international conventions pertaining to Indigenous populations and to enact them through legislation. Conversely, the CANZUS countries have been opposed to international conventions on Indigenous peoples.

A social-democratic approach may help in achieving greater equality within the CANZUS settler states for Indigenous men. At a macro level, this would mean emulating Norway and redistributing power away from the settler state to Indigenous people. This would allow Indigenous men to feel encouraged, deciding how to improve their current health and income deficits through appropriate service programs (see Figure 3.1). The CANZUS countries are wealthy, ‘First-World’ states built upon the colonisation of Indigenous people—they have an ethical obligation to achieve equity.

Chapter 3 has presented an international literature review and has contributed to the primary aim of the thesis, which is to provide a sociological and social work

understanding of Aboriginal masculinity in Australia. The exploration of the health and wellbeing outcomes of Indigenous men in the CANZUS states suggest the lives of these men have a number of similarities. For the CANZUS states' Indigenous men, their identities (and Indigenous masculinities) are disproportionately marginalised by the settler-colonial state, their health and wellbeing outcomes are considerably worse than their respective non-Indigenous counterparts, and health and wellbeing services often do not fully meet their needs. Conversely, Sámi men in Norway do experience marginalisation, but interestingly, their health and wellbeing outcomes are far closer to those of the non-Indigenous male population. Features of the Norwegian state may be contributing to this; social democracy; the Sámi having strong institutions; and a willingness on the part of the Norwegian state to adopt international conventions pertaining to Indigenous people.

Chapter 3 has also contributed to the second aim of this thesis, which is to understand the usefulness of nature-based therapy for improving Aboriginal men's health and wellbeing. Two of the five key themes from the international literature review (see Figure 3.1) have a component which is related to the natural world: decolonised and culturally appropriate services, and recognising that Indigenous culture is a protective factor. Indigenous cultures from the CANZUS states have connections to the natural environment, and thus, creating culturally appropriate services that recognise the importance of Indigenous culture contributes to the quality and effectiveness of health and wellbeing programs.

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Chapter 4 – Decolonising Masculinity in Australian Settler-Colonial Society

4.1 Preamble

This chapter explores the process of decolonising masculinity in Australia. The text is reproduced from a chapter of a forthcoming book, *The Oxford Handbook of Indigenous Sociology*, and has been edited to ensure consistency with this thesis. The soon-to-be-published version of this chapter is attached unedited as Appendix F.

Chapter 5 – Beyond the Deficit Narrative: Using a Strengths-based Approach with Aboriginal and Torres Strait Islander Men

5.1 Introduction

This chapter provides a rationale for the third aim of this thesis which is the importance of using a strengths-based approach with Aboriginal men. I use Saleebey's (1996) six strengths-based approach principles in conjunction with a micro, meso, and macro level framework to embed the many strengths possessed by Indigenous men into Australian settler-colonial society. The overwhelming deficit-based narrative in the Indigenous male sphere is evident when examining published literature, media sources, and available data. Although there are significant differences between Indigenous and non-Indigenous men in many measures which need to be acknowledged, incessant focus on these by settler-colonial society, and a continued ignorance of the broader social contexts which contribute, fails to bring about meaningful and positive change. By pivoting away from the dominant deficit narrative, the strengths of Indigenous men can become a defining feature within Australian settler-colonial society, leading to feelings of empowerment, appreciation, and being valued.

The many strengths possessed by Aboriginal and Torres Strait Islander men are rarely acknowledged by the Australian settler-colonial state. Some of the collective strengths Indigenous men exhibit include having knowledge derived from being part of the world's oldest living culture (Bell 1998), statistical over-representation at the highest levels of Australian sport (i.e. Rugby League and Australian Football League) (Light & Evans 2018), and being loving fathers (ABC News 2016b). Individually, Indigenous men may have any of the same strengths of non-Indigenous men, such as musical expertise, a nurturing personality, intellectual ability, and humour.

Aboriginal people have great strengths, including creativity, endurance, humour, compassion and spirituality. These characteristics have enabled their survival through the period of dispossession and oppression. This has helped us (Aboriginal people) through the worst of times (Dudgeon, Milroy & Walker 2014, p. xviii).

Indigenous men in Australia have displayed resilience despite the harsh experience of settler colonialism (Wolfe 1999, 2016). These harsh experiences have included forced removal from family (Van Krieken 1999), denial of Indigenous culture (Dudgeon et al. 2014; Plomley & Robinson 1987; Ryan 2012), and racism (Habibis et al. 2016a; Paradies et al. 2015). This has been further compounded by the marginalisation of Indigenous masculinities in settler society (Connell 2000; Connell & Messerschmidt 2005; Mukandi et al. 2019), detailed in Chapter 4.

However, instead of talking about the strengths or resilience of Indigenous men, settler-colonial society is fascinated with Indigenous men's deficits and dysfunction, and thus re-asserts whiteness as superior and justifies the continuation of settler colonialism (Walter & Suina 2019; Wolfe 1999). This skewed focus on deficit is further emphasised through the practice of homogenising and generalising undesirable behaviour by one Indigenous man to all Indigenous men: The *Little Children Are Sacred Report* (Wild & Anderson 2007), for example, cautioned against making over-generalisations and attributing individual behaviour to all Aboriginal men. The same homogenising does not occur when white settler men engage in undesirable behaviours, instead this is typically viewed as an individual matter by settler society.

The powerful deficit discourse within Australian settler-colonial society has defined Indigenous men since the beginning of colonisation in 1788 (Dudgeon et al. 2014). During the 18th and 19th Centuries, Indigenous men were considered unsophisticated, barbaric, and inferior, while British 'gentlemen' were regarded as enlightened, civilised, and superior (Flood et al. 2007). This deficit narrative has continued into

contemporary times. An example is the Bill Leak cartoon which generalises all Aboriginal fathers as dysfunctional and disengaged (ABC News 2016a, 2016b; Fforde et al. 2013). Although there are differences between Indigenous and non-Indigenous men in measures such as health (Australian Institute of Health and Welfare 2018) and criminal justice (Australian Bureau of Statistics 2016c), factors contributing to these differences are rooted in the processes of colonisation, which is often not acknowledged by settler society (Dudgeon et al. 2014).

There is evidence that the best way of reorienting from the dominant deficit narrative about Indigenous men in Australia is the use of a strengths-based approach. Within the Aboriginal and Torres Strait Islander sphere, a strengths-based approach has been used successfully to counter the excessive deficit narrative (Fogarty et al. 2018) in a number of areas, such as health and wellbeing (Brough, Bond & Hunt 2004; Tedmanson & Guerin 2011; Tsey et al. 2007), children and adolescents (Aitken & Wareham 2017; Armstrong et al. 2012; Priest et al. 2012), families (Walker & Shepherd 2008; Whiteside et al. 2016), and in research (Bainbridge et al. 2013). While a strengths-based approach has been taken within some areas specific to Indigenous men (see Stuart, May and Hammond (2015) and Collard et al. (2016b) for examples of use with Indigenous fathers), I suggest that Saleebey's (1996) six strengths-based approach principles, in conjunction with a macro-, meso-, and micro-level framework, may act to further embed and consolidate the many strengths of Indigenous men. Saleebey's approach is more useful because it provides an outline of areas where strengths-based thinking can be used.

5.2 Deficit narratives

To understand the deficit narrative regarding Aboriginal people in Australia, we need to understand its history and the purpose it serves. In Australia, the enduring process of settler colonialism needs to justify its existence, and it does this by marginalising

Indigenous peoples and using narratives which characterise them as ‘lesser beings’ compared to the settler (Wolfe 1999). In this we begin to see a twisted justification. These supposed deficits are rooted in dangerous settler-colonial ideology, and include notions of racial hierarchy, social Darwinism, and whiteness (Dudgeon et al. 2014; Frankenberg 1993; Moreton-Robinson 2004). This deficit narrative and negative characterisation of Indigenous men, women, and children has been a central feature of their relationship with Western European settlers in Australia.

The first major example of the deficit narrative serving a purpose is the British application of the doctrine of *terra nullius* (‘land belonging to no-one’) to claim Australia (Dudgeon et al. 2014, p. 12). Although there clearly were Indigenous people throughout the continent, and this has been confirmed by the High Court of Australia in *Mabo v Queensland* (No 2), the use of *terra nullius* positioned Indigenous people as lacking compared to the British. The many deficit views of Australia’s Indigenous men that were used around the time of *terra nullius* are detailed by Banner (2005, p. 109); one account reads:

The reverend Joseph Orton, a Methodist missionary in Australia in the 1830s, summed up the prevailing view. “It is the universal opinion of all who have seen them,” he affirmed, “that it is impossible to find men and women sunk lower in the scale of human society. With regard to their manners and customs, they are little better than the beasts.”

This definition rooted in colonial ideology and a foreign legal system framed early settler-colonial relationships with the Aboriginal peoples. It positioned Europeans as superior and did not acknowledge the Indigenous ontological relationship with the land and their continuing sovereignty over it (Moreton-Robinson 2015, pp. 17-18).

Aboriginal people were believed to be less than human, and legislation was used to control them and confine them away from ‘the public’. Such legislation was finally repealed in 1967, but by then the damage was done. Very few Aboriginal people

escaped the direct and indirect effects of the legislation that controlled and governed their lives (Dudgeon et al. 2014, p. 8).

A second example of historical deficit discourses serving a purpose is the variety of oppressive legislation used throughout the Australian continent by settlers to restrict and control Aboriginal and Torres Strait Islander peoples (Dudgeon et al. 2014; Ryan 2012). One instance of oppressive settler legislation being used in conjunction with deficit narratives is the forced removal of Indigenous children from their families, commonly referred to as the ‘stolen generations’ (Dodson & Wilson 1997). The notion that Indigenous fathers (and mothers) were unable to appropriately care for their children has been one of the most profoundly damaging deficit narratives. This process of forcibly removing Indigenous children from their families to assimilate them into settler society is detailed in the report titled *Bringing Them Home* (1997). Take the following two excerpts:

I still can’t see why we were taken away from our home. We were not neglected, we wore nice clothes, we were not starving. Our father worked hard and provided for us and we came from a very close and loving family. (Dodson & Wilson 1997, p. 47)

A father may wish to keep private the fact that his application for an exemption certificate was rejected on the grounds that his standard of living or ‘intelligence’ was judged inadequate. (Dodson & Wilson 1997, p. 289)

These perceived Indigenous male inadequacies were (and arguably still are) measured from a European standpoint. The alleged inadequacies of Indigenous parenting also do not consider broader social structures which reduce the capability of Indigenous families to flourish like settler peoples. Dodson & Wilson (1997, p. 38) explain that, while non-Indigenous children were being fostered or released back into the care of their mothers, Indigenous children were being institutionalised. Effects on the children

and families of this specific policy are profound and ongoing for surviving victims and future generations (Vicary & Westerman 2004).

A third example of deficit narratives concerning Aboriginal men by the settler state is in contemporary policy documents (Fogarty, Bulloch, et al. 2018). The ‘Closing the Gap’ initiative is focused on health and wellbeing deficits between settler society and Indigenous people (Bond 2005). Interestingly, in Aotearoa/New Zealand, a similar policy framework was dropped in the 1990s in favour of a strengths-based approach aimed at improving health outcomes and changing the settler deficit narrative regarding Māori (Comer 2008). However, in the Australian settler state, as Fogarty, Lovell, et al. (2018, p. 2) explain: “There has been far less work in the Australian context on the subtlety of deficit discourse, the elements of its construction and reproduction, or its potential impacts on the health and wellbeing of Aboriginal and Torres Strait Islander people.”

The negative effects that a deficit approach can have on the health and wellbeing of Aboriginal and Torres Strait Islander people has been explored by scholars. Foley and Schubert (2013) detail the problems of a deficit approach in the field of Public Health Nutrition (PHN) because it contributes to constructing damaged identities which become self-fulfilling prophecies. More recently, Fogarty, Bulloch, et al. (2018) and Fogarty, Lovell, et al. (2018) have explored how deficit discourses reproduce themselves in areas such as policy and health and wellbeing. To overcome the deficit narrative concerning Indigenous people in Australia, they suggest the use of a strengths-based approach to reframe the issues and offer solutions to problems.

5.3 The strengths-based approach

There is little research focusing on the many individual and collective strengths of Indigenous men throughout Australia. The strengths-based approach or strengths

perspective was developed as a counter to deficit-based approaches in social work which concentrate on the illness or shortcomings of an individual, family, or community (Rapp 1997; Saleebey 2002, 2013). The strengths-based approach concentrates on self-determination and strengths, highlighting the resources and resilience that an individual, family, or community may have despite adversity.

Although the strengths-based approach had been used by earlier scholars going back to the 1950s (see Bartlett (1958)), its development into a more applicable and malleable framework was undertaken by Weick et al. (1989) and later Saleebey (1996). The centrality of deficits in Western bio-medical understandings of health was the catalyst for aiming to shift harmful narratives and for developing the strengths perspective. For example, if an individual is regularly referred to by their illness, this deficit becomes a defining feature of their identity (Fogarty, Bulloch, et al. 2018).

Today, the strengths-based approach is used in a variety of contexts, including the health and wellbeing settings. For example, in social services the application of a strengths-based approach includes fields such as chronic illness (Canda 2013), substance abuse (Rapp & Lane 2013), violence and oppression (Anderson, Cowger & Snively 2013; Bell 2003), and families (Benard & Truebridge 2013; Early & GlenMaye 2000; Saint-Jacques, Turcotte & Pouliot 2009).

The central premise of the strengths-based approach is to identify factors working well for the person being supported, undertaking more of it, and then building upon it. This involves magnifying the well part of the person or community rather than focusing on perceived deficits (Rapp 1997; Weick et al. 1989). This shift in thinking quickly gained traction within Western social work models of health and wellbeing, although its spread to other disciplines has been slower (Saleebey 2013). When used in health and wellbeing, practitioners may focus on achieving future outcomes and on the strengths people bring to a particular problem:

The strengths perspective demands a different way of looking at individuals, families, and communities. All must be seen in the light of their capacities, talents, competencies, possibilities, visions, values and hopes, however, dashed and distorted these may have become through circumstance, oppression, and trauma. (Saleebey 1996, p. 297)

To date strengths-based frameworks have been used to successfully articulate Indigenous health and wellbeing (Zubrick et al. 2014). To further articulate how the strengths-based approach relates to Indigenous men, the six key principles outlined by Saleebey (2013, pp. 17-21) are a meaningful framework to consider:

- 1) Every individual, group, family, and community has strengths;
- 2) Trauma, abuse, illness, and struggle may be injurious, but they may also be sources of challenge and opportunity;
- 3) Assume that you do not know the upper limits of the capacity to grow and change, and take individual, group, and community aspirations seriously;
- 4) We best serve people by collaborating with them;
- 5) Every environment is full of resources; and
- 6) Caring, caretaking and context.

Saleebey's (2013, pp. 17-21) framework includes a variety of different contexts in which we can consider how to use a strengths-based approach with Indigenous men. In addition to the six key principles, the process of undertaking critical reflection is a useful way to assist those working with Indigenous males to reflect, recognise, and change from current deficit thinking to a strengths-based approach (Fook & Gardner 2007). This process of critical reflection is important for us to consider how our own social positioning (such as ethnicity, class, gender, etc.) and worldview (inclusive of epistemology, ontology, and axiology) may be shaping our thinking regarding Indigenous men. These aspects are key in the development of our standpoint in relation to Aboriginal men.

5.4 Micro, meso, and macro contexts

When considering the strengths of Aboriginal and Torres Strait Islander men and aiming to change the powerful deficit narrative, it is useful to consider the various structural layers where change can occur (Parsons, Shils & Smelser 2017). I suggest the use of a micro, meso and macro framework is an effective means of identifying where change can be achieved. This framework has been used successfully to evaluate and understand health care (Kapuriri, Norheim & Martin 2007), in social justice settings (O'Brien 2010), and the social determinants of Indigenous health (Carson et al. 2007; Walter, Hansen & Banks 2012). The merger of the micro-, meso-, and macro-level framework with Saleebey's (2013, pp. 17-21) six key principles of the strengths-based approach may provide a useful tool to challenge and dismantle the powerful Indigenous male deficit narrative and replace it with a strengths-based one (Austin, Coombs & Barr 2005).

The three levels, micro, meso, and macro, are interrelated, and have the ability to influence each other regarding Aboriginal and Torres Strait Islander men in Australia. For example, at the macro level we may consider how state, territory, and federal governments create policies and allocate specific funding to Indigenous male health. At the meso level, these overarching policies shape how organisations provide services to Indigenous men, and the amount of funding which can be accessed for service delivery. Then, at the micro level, interactions between an organisational employee and Aboriginal men accessing a service will be shaped by policy and the amount of funding allocated to improve Indigenous male health (Parsons, Shils & Smelser 2017). Further, the attitudes of employees towards Aboriginal men at the micro level can be shaped by forces at the meso, and macro levels (O'Sullivan 2016). The following sections outline some specific examples of the application of the six key principles of

Saleebey's (2013) strengths-based approach at the micro, meso, and macro levels regarding Indigenous men in Australia.

5.4.1 Micro

The micro level focuses on interactions between individuals but may sometimes also include small groups. At the micro level, individuals such as health workers, counsellors, police officers, or researchers who may be engaging in areas concerning Indigenous men should critically reflect on their own beliefs, attitudes, and modes of engagement (see Fook and Gardner (2007)). If deficit-based perceptions are present, getting to the root cause of this perception, the purpose it serves, and how power is operating is important (Saleebey 2013, pp. 17-18). Once these questions are answered, micro-level change and growth can occur for those working with Aboriginal and Torres Strait Islander men.

By first engaging in this process of critical reflection, individuals can then begin collaborating with Indigenous men within a strengths-based approach; for example, by exploring part one of Saleebey (2013) six-part framework (every individual, group, family, and community has strengths) to identify the strengths of the Indigenous man. Upon exploring the strengths possessed, it may be identified that resilience is evident through the maintenance of meaningful employment in settler society despite the ongoing effects of settler colonialism. Drawing attention to this resilience and amplifying it creates a shift in thinking on the part of the practitioner and the person they are working with.

5.4.2 Meso

The meso level is focused on organisational contexts. At the meso level there is much flexibility for positive and negative outcomes to be achieved. For example, particularly negative outcomes affecting Indigenous men, such as Aboriginal deaths in custody

(Vivian & Roberts 2019), or Indigenous male experiences of institutionalised racism (Perkins 2019), can be altered at this level. Some Aboriginal deaths in custody have been attributed to organisational culture and the normalisation of poor treatment of Aboriginal men. At the meso level, “social justice involves changing decisions which did not provide users with the services they needed or, in some instances, were entitled to” (O'Brien 2010). Applying Saleebey (2013) at the meso level can lead to positive organisational change.

Another instance where the strengths-based approach can be considered at the meso level regarding Indigenous men is the framing of Indigenous culture. Aboriginal and Torres Strait Islander cultures are considered a source of strength by many Indigenous people in Australia (Dudgeon et al. 2014). Collard et al. (2016b), in their work with Noongar (Aboriginal people from the south-west corner of Australia) fathers, identify the importance of culture, Country, and Indigenous language as components of successful fathering, along with organisations supporting Noongar fathers.

At the meso level, organisations engaging in the process of critical reflection (reflect, recognise, and change) on the way in which they interact with Indigenous men can be orientated to a strengths-based approach. Undertaking critical reflection to enhance organisational culture and attitudes is highlighted by Canuto et al. (2018) in their research on Indigenous male health service utilisation. They found the stereotype which depicts Indigenous men as ‘not interested’ in their health to be misleading. Instead, they observed that Aboriginal and Torres Strait Islander men are interested in improving their health, but that services need to adjust their approach and consider Indigenous men’s needs.

5.4.3 Macro

The macro level includes governments (federal, state, and territory), policy, national organisations, and international factors. At the macro level, thinking about how

Saleebey (2013, pp. 17-21) six-part framework can be integrated has the potential to create powerful, positive and meaningful change. For example, when federal, state, and territory governments are developing policies pertaining to Indigenous men, utilising the fourth principle of the strengths-based approach framework—we best serve people by collaborating with them—is empowering for Indigenous men. Engaging Indigenous men in the form of a working group or governance committee enables them to take ownership over the policies affecting them.

Another arena where a strengths-based approach can be incorporated at the macro level is national organisations. For example, the Australian Association of Social Workers (AASW) Practice Standards (Australian Association of Social Work 2013) reminds the social work profession about the importance of a strengths-based narrative when working with Aboriginal and Torres Strait Islander people. The Australian Association of Social Work (2013, p. 11): “Respects, strives to understand and promote the rights of Aboriginal and Torres Strait Islander peoples and their cultures. We acknowledge, identify and builds on the strengths, capacities and contributions that Aboriginal and Torres Strait Islander peoples make to society.”

A third domain at the macro level where the strengths-based approach regarding Indigenous men can be implemented is data collection and research. There is an overemphasis on the collection of national-level data pertaining to Indigenous male deficits. For example, the ABS continually collects comparative data on Indigenous and non-Indigenous males (Walter 2016). While these data tell us that Indigenous males are performing lower on most measures, they do not suggest solutions. Instead these data continue to reinforce the deficit narrative, and this flows into policy and research. Those collecting data and undertaking research with Indigenous males would benefit from applying Saleebey (2013) principles. For instance, considering how data could be collected and research conducted regarding the first principle—every

individual, group, family, and community has strengths—changes a deficit narrative to a strengths-based approach.

The micro-, meso-, and macro-level framework used in conjunction with Saleebey (2013) six key principles of the strengths-based approach is an excellent way to consider where a strengths narrative can be utilised. The interconnected nature of the micro, meso, and macro levels means that a strengths-based approach used at one level can influence the others. Achieving meaningful change across all three levels is important to reorient away from the dominant deficit narrative. This is particularly valuable for settler states like Australia, where ongoing tensions exist between the settler population and Indigenous people.

5.5 Limitations

The use of a strengths-based approach has been met with some criticisms. One of the major criticisms is that it is ‘pollyannaish’, or to put it another way, just positive thinking in disguise (Saleebey 1996, pp. 302-303). I suggest the strengths-based approach is not just positive thinking in disguise because it aims to create lasting change by working with people to capitalise on existing resources, knowledge, skills, and motivations (Saleebey 1996, 2013). For example, the application of the fourth principle—we best serve people by collaborating with them—requires time, energy, and effort to be effectively achieved. If this is done, the strengths-based approach does more than create positive thinking, Aboriginal men feel empowered and have self-determination over their affairs (Canuto et al. 2020).

The second criticism directed towards the strengths-based approach is that it dismisses people’s problems. However, understanding and acknowledging people’s problems and the broader social issues which contribute to those problems is important when using a strengths-based approach (Rapp & Goscha 2011; Saleebey 1996). Often

individuals and groups will begin sharing their story by talking about their problems and experiences. People sharing their experiences and issues is necessary to the strengths-based approach being correctly utilised. Those engaged in strengths-based work need to actively listen to those they are assisting and collaboratively determine where best to apply strengths-based thinking to magnify existing gifts (Brun & Rapp 2001). Many discriminated against, marginalised, and deficit-labelled people need assistance to begin to uncover, highlight, and amplify their strengths (Saleebey 1996). This can be particularly true in Australian settler society, where the supposed deficits of Aboriginal and Torres Strait Islander men has been reinforced since the beginning of colonisation.

5.6 Conclusion

This chapter has argued for the utilisation of a strengths-based approach with Indigenous men in Australia. I have suggested the use of a micro-, meso-, and macro-level framework in conjunction with Saleebey's (1996) six strengths-based approach principles can highlight and embed the many strengths possessed by Indigenous men into Indigenous and settler-colonial society. There are remarkable collective strengths possessed by Aboriginal men throughout Australia, and these should be valued by settler society rather than marginalised, while individually Indigenous men may also possess any of the same strengths which non-Indigenous men have. By shifting away from the excessive focus on deficit by settler society towards a strengths-based approach, the strengths of Indigenous men can become a defining feature, leading to feelings of empowerment, and appreciation.

In the next chapter, I detail the methodology and methods used to explore Aboriginal masculinity in Australia. First, I set out how my social positioning and worldview influence this research and have led me to the use of Indigenous standpoint theory (Foley 2003). I then explore the main research project in this thesis, a qualitative study

with 11 Aboriginal men regarding their participating in a nature-based therapy program. Then, the second research project using national survey data focusing on Aboriginal (and Torres Strait Islander) fathers is detailed.

Chapter 6 – Methodology and Methods

6.1 Introduction

This chapter details the methodology and methods used to explore Aboriginal masculinity in Australia. It begins by discussing the researcher's social positioning and worldview (inclusive of epistemology, ontology, and axiology), and how these have shaped the research process and led to the use of Indigenous standpoint theory. The next section then describes the application of Indigenous standpoint theory to the methods used in the two research projects. Firstly, I detail the main study of this thesis investigating Aboriginal men's experiences of participating in nature-based therapy, the use of semi-structured interviews or 'yarns', and the application of grounded theory with thematic analysis. Secondly, national survey data from the Longitudinal Study of Indigenous Children are used in two studies pertaining to Aboriginal (and Torres Strait Islander) fathers. The first study using the national survey data applies content analysis to variables related to Indigenous fathers and the sharing of Indigenous culture with their children. The second study using the national survey data applies univariate and bivariate analysis to investigate Indigenous fathering narratives.

6.2 Social positioning and worldview

In the previous chapters, I have distinguished between Indigenous societies and settler-colonial societies, and described the tensions which exist between the two. These tensions extend into the world of research. The social positioning of a researcher shapes and influences how they view the world, and includes social contexts such as gender, ethnicity, socio-economic status, and age. Depending on the specific research project and its subject matter, particular contexts may be more relevant. For example, the social positioning 'white middle-class man' will influence how a research project

regarding Aboriginal working-class women is undertaken. This influence is further articulated by Maggie Walter (2013, p. 12):

We embody our social position and so, as researchers, it covertly or overtly, actively and continuously, shapes our research practice. We can and, of course, should always actively try to understand the worldview of our research participants, but such engagement blunts, not removes, the impact of our social position.

My social positioning as an Aboriginal man currently employed in a tertiary education institution has influenced this research project. I am a proud Worimi⁶ man who is actively involved in my local palawa (Tasmanian Aboriginal) community. This social positioning has been the catalyst for this research project. In addition, my earlier employment as a social worker and an Aboriginal health worker within the palawa community were key experiences driving my interest in this research project. During this employment, I engaged in the coordination and facilitation of nature-based health and wellbeing programs with Aboriginal men. I became fascinated with health and wellbeing programs which centred on Aboriginal worldviews. These included components like the integration of a holistic view of health and wellbeing, rather than a bio-medical one, and emphasis and integration of Indigenous culture, the natural environment, and space away from settler-colonial society for expression of Indigeneity. Without this social positioning, this research project would not exist.

Social research is not neutral or objective, rather it is subjective and bound in our epistemology, ontology, and axiology. Walter (2013, p. 12) defines epistemology as “the theory of knowledge concerned with understanding how knowledge is defined, valued, and prioritised”. An example of epistemology influencing social research is how ethnicity and gender affect Karl Marx’s theory of capital, which relates primarily

⁶ Aboriginal tribe from north of Newcastle, New South Wales. See Perry (2014) for further details about Worimi people.

to white men (Marx 2011), despite Indigenous people and people of colour working under conditions and receiving incomes far smaller than the white proletariat (working-class) at the time. Similarly, the experiences of women were not thought of—rather they were producers of “the next generation of workers or [...] a reserve army of labour for the bourgeoisie to exploit” (Walter 2013, p. 13). The positioning of Western knowledges and male epistemes as dominant continues in contemporary tertiary educational institutions.

In Western settler-colonial societies, the domain of health and wellbeing is dominated by epistemes of white middle-class men. These epistemes generally differ from those of Indigenous people. As such, tensions arise when applying non-Indigenous epistemes to Aboriginal health and wellbeing (Dudgeon & Walker 2015). For example, the discipline of psychology is traditionally a white middle-class profession governed by non-Indigenous research and therapeutic techniques. When health interventions successful for white middle-class men are applied to Indigenous men, the effect may not be the same. Professions such as psychology aiming to improve the health and wellbeing of Aboriginal men need to be informed by Aboriginal epistemes to achieve more fruitful outcomes (Dudgeon & Walker 2015).

The second concept that influences our worldview is ontology, which refers to our understanding of reality and the nature of being. When we begin to critically analyse the world around us, we can see how different social groups construct their varying realities (Denzin, Lincoln & Smith 2008). For example, an Aboriginal man will often construct his understanding of Country (land/nature) differently from a white person living in Australian settler-colonial society. This is evident in the ontology of Noongar fathers and the significance of being on Country for their health and wellbeing, and of the sharing of Indigenous cultural practices with their children (Collard et al. 2016b).

The third concept that shapes our worldviews is axiology, or the theory of values. As social researchers, our axiology informs value judgements we make about social phenomena and our investigations (Denzin, Lincoln & Smith 2008). Traditionally in settler-colonial societies, researchers of social phenomena have aimed to produce research free of value judgements, but this may be impossible (Mason 2011). Walter (2013, p. 13) suggests that social research cannot be value free because “it is part of the social world[,] and social context is central to our social science”.

As detailed, the research process is influenced by our social positioning and our worldview (inclusive of epistemology, ontology, and axiology). These factors shape how we view the world, and should be acknowledged by researchers because they help in understanding how particular social phenomena may be influencing different stages of the research process (Walter 2013). This is particularly true in settler-colonial societies such as Australia, where there are ongoing tensions between settlers and the Indigenous population.

6.3 Indigenous standpoint theory

A researcher’s standpoint is theoretically summarised as the way in which social positioning, epistemology, axiology, and ontology guide research. Standpoint is the way we see the world around us, our social positioning in it, and how this positioning relates to others and society. “Our standpoint recognises the filters and frames that have an impact on our research to our research” (Walter 2013, p. 11). In this thesis I use Indigenous standpoint theory to frame the research process (Foley 2003).

Standpoint theory emerged from feminist writers in the 1970s and 1980s aiming to articulate women’s experiences (Nakata 2007). Prior to this, women’s experiences were assumed to mirror those of men, when in fact they were socially constructed in that way because of patriarchy (Smith 1987). Consequently, standpoint theory is often

used by marginalised groups whose epistemological positioning may be ‘othered’ by a dominant group or hegemon (Nakata 2007, p. 213). Standpoint theory has been used successfully by marginalised groups including feminists (Allen 1996; Harding 2004; Hartsock 1997; Hekman 1997) and Indigenous peoples in Australia (Foley 2003, 2006; Moreton-Robinson 2013; Nakata 2007). This is what it involves:

First the social position of the knower is epistemically significant; where the knower is socially positioned will both make possible and delimit knowledge. Second, more objective knowledge is not a product of mere observation or a disinterested perspective on the world, but is achieved by struggling to understand one’s experience through a critical stance on the social order within which knowledge is produced. (Pohlhaus 2002, p. 285)

For some Indigenous researchers, adopting a Western research methodology can result in confusion and be inadequate for a research project. The ongoing process of settler colonialism perpetrated by the British on Aboriginal people in Australia has not only affected cultural practices and traditions, but also knowledge systems (Rigney 2001). In Australia, settlers have determined which knowledge is prioritised and legitimated. Critical theory and standpoint theory provide a way for Indigenous scholars to challenge dominant knowledges, allowing for multiple worldviews (Foley 2003).

The use of Indigenous standpoint theory in research is a suitable way to articulate an Indigenous person’s worldview. Indigenous standpoint theory, as explained by Foley (2003, p. 50), and as used in this thesis, has four components:

- The user must be Indigenous;
- The user should understand social theory, critical sociology, post-structuralism and post-modernism;
- The use should be for the benefit of the researcher’s community or the wider Indigenous community; and
- Where possible, the traditional language should be used.

The main research project in this thesis observes all four of these components, as do the chapters that use national survey data from the Longitudinal Study of Indigenous Children. Firstly, the researcher (and his co-authors in Chapters 10 and 11) is Aboriginal (Worimi Aboriginality and part of the palawa Community). Secondly, the researcher has an understanding of social theory, as articulated in Chapters 2 and 3. This understanding of social theory was further articulated in Chapter 4, which argues for the need to decolonise settler-colonial masculinity.

The third component of Indigenous standpoint theory, that its use should benefit the researcher's community, is at the heart of this thesis. Elders and senior men in the palawa community were consulted regarding the research project, and emphasised the need to conduct this research to improve Aboriginal male health and wellbeing in Tasmania and throughout Australia. The main research project details the effects of nature-based therapy on the health and wellbeing of Aboriginal men in Tasmania. The project explores Aboriginal men's experiences of participation in a nature-based health and wellbeing program delivered through the Karadi Aboriginal Corporation.

In Chapters 10 and 11, data are used from the Longitudinal Study of Indigenous Children (LSIC), a study conducted by the Australian Federal Department of Social Services (2018). The dataset is of national importance, and at its core is the desire to empower Aboriginal children and their families, and for Indigenous communities to grow strong. This study has an Indigenous majority data governance committee, and the data are collected by Research Administration Officers (RAOs) generally from the local Indigenous community (Thurber et al. 2018).

The fourth component of Indigenous standpoint theory is to use Indigenous language, where possible. The main research project in this thesis uses the Tasmanian Aboriginal composite language palawa kani for research participants' pseudonyms and for some place names. Because of the rapid progression of settler colonialism in Tasmania, the

traditional Tasmanian Aboriginal language was largely lost (Plomley & Robinson 1987; Ryan 2012). However, there has been a revival and resurgence in recent times through the palawa kani Language Program (Harman 2018), and it has been incorporated into this thesis where appropriate.

6.4 Methods

The following section details the research methods applied in the two studies in this thesis. First, I discuss the use of semi-structured interviews or ‘yarns’ to understand the experiences of Aboriginal men participating in nature-based therapy to enhance their health and wellbeing. I then examine variables pertaining to Aboriginal (and/or Torres Strait Islander) fathers from the Longitudinal Study of Indigenous Children (LSIC). Chapter 10 uses content analysis of data from the LSIC, and considers three variables explaining why participating men believe the sharing of Indigenous culture assists their children to grow strong. Then, in Chapter 11, I use univariate and bivariate analysis of variables pertaining to Indigenous fathers to explore involvement with their children’s education.

6.4.1 A qualitative study of Aboriginal men and nature-based therapy

The two main categories of research methods used in the social sciences are qualitative and quantitative. Qualitative research generally aims to provide in-depth information about the meanings and experiences people give to different areas of their lives (Ezzy 2013b). Quantitative research is generally focused on numerical evidence, measurement, and statistical trends (Walter & Andersen 2013). Both methods have strengths and limitations, but usually the key factor which influence the category of research method selected is the aim/s of a research project (Ezzy 2013b).

A qualitative method has been selected for the main research project in this thesis because it prioritises Aboriginal men’s voices, and is necessary to meeting the thesis

aims. As the literature review has shown, the voices of Aboriginal men are often marginalised by settler-colonial society in areas affecting their lives. For example, health and wellbeing initiatives for Aboriginal men are designed and implemented by non-Indigenous people (see Holland (2018), and the ‘Closing the Gap’ initiative). The lack of Aboriginal voices and input is one factor cited as contributing to their ongoing poor health and wellbeing outcomes and inability to achieve targets within the ‘Closing the Gap’ framework (Davis 2015; Department of Prime Minister and Cabinet 2017; Holland 2018).

A qualitative method, in conjunction with Indigenous standpoint theory, helps to centre Aboriginal voices and experiences. Indigenous standpoint theory (Foley 2003) demands that the research project be for the benefit of Indigenous people, and when the Indigenous user reflects on their social positioning and worldview, the voices and experiences of Indigenous people can more easily be centred. This is important, because often in settler-colonial states, in areas where research is undertaken (i.e. the academy), Western worldviews are prioritised and Aboriginal worldviews are marginalised (Mihesuah & Wilson 2004).

The second key reason a qualitative method has been selected for the main research project in this thesis is to address the three thesis aims. As discussed in Chapter 1, there is not currently a widely applicable critical theory of Aboriginal masculinity, although some region-specific studies have been undertaken (see McCoy (2008) for Puntu⁷ masculinity, and Mukandi et al. (2019) for Aboriginal masculinity in Brisbane). A qualitative study with an Indigenous standpoint allows the experiences of being an Aboriginal man in contemporary Australian society, and the meaning Aboriginal men give to their lives to be examined respectfully.

⁷ The Puntu (Puutu) people’s homelands are in the Pilbara region of Western Australia.

A qualitative study contributes to addressing the second aim of this thesis, which is to understand the usefulness of nature-based therapy for enhancing the health and wellbeing of Aboriginal men. As discussed in the national literature review in Chapter 2, Western bio-medical and individualised approaches to health are often applied to Aboriginal health and wellbeing. While the contribution bio-medical approaches make to health is important, holistic, and decolonised approaches are needed for better overall levels of health and wellbeing (Pettit et al. 2019).⁸ A qualitative method is important to comprehending how Aboriginal men understand and experience their health and wellbeing, and the effectiveness of nature-based therapies (Denzin 2010). Further, a qualitative study is useful to understanding the ontological differences between Aboriginal men's conceptions of Country (Moreton-Robinson 2004) compared to Western understandings of land/nature.

A qualitative study is also important to fulfilling the thesis' third aim: the articulation of a strengths-based narrative regarding Aboriginal men. This is because qualitative methods are focused on listening to people articulate their experiences and the meaning they give to their lives (Ezzy 2013a). As a result, the strengths Aboriginal men possess can be investigated during the interview process, and unearthed during data analysis. A study by Brough, Bond and Hunt (2004) investigating the strengths of an urban Aboriginal community found a qualitative method useful to articulating the strengths possessed by Aboriginal people.

One of the main criticisms of in-depth qualitative interviews is that they only address the experiences of a small group of people. In-depth interviews typically have smaller sample sizes, and are not concerned with the sample being representative of a larger population cohort (Travers 2013). This means that findings from in-depth qualitative

⁸ See Chapter 2 for a detailed discussion of holistic and decolonised approaches to Aboriginal men's health.

interviews cannot be used to make representative generalisations to the broader population.

These criticisms are misplaced. Making representative generalisations may not be a useful way of fulfilling the aims of a research project (White 2013). For example, the main research project of this thesis focuses on the experiences of Aboriginal men participating in nature-based therapy. The aim is to understand the processes and experiences of the men who participated, rather than attempting to generalise from these men to all Indigenous men. This aim is better achieved with in-depth qualitative interviews. This is because the strengths of in-depth qualitative interviews are understanding meaning and experiences that smaller samples of people have regarding a social phenomenon (Travers 2013).

6.4.2 Grounded theory

There is not currently a nation-wide critical theory of Aboriginal masculinity in Australia (Mukandi et al. 2019), and this means that the use of grounded theory is central to this thesis to develop a theory. Grounded theory with thematic analysis and coding is used to analyse the qualitative data in the main research project of this thesis. Grounded theory uses an inductive reasoning process to develop themes and theory from data (Glaser & Strauss 2017). Comparatively, deductive reasoning is focused on using data to assess existing theories.

The sociologists Barney Glaser and Anselm Strauss (2017) first developed grounded theory in 1967 as an inductive form of analysis to generate theory from data. This development of grounded theory comes from their collaboration on research with dying hospital patients (Glaser & Strauss 1966) before being detailed in their book *Discovery of Grounded Theory* (Glaser & Strauss 2017).

Grounded theory incorporates both theoretical sampling and a sophisticated coding process for the data generated by the research (Glaser and Strauss 2017). Theoretical sampling was not utilised in this research, but the coding methodology of grounded theory was used.

In the qualitative research project when using grounded theory, open coding was used first, followed by axial coding, and then selective coding to generate meaning from the data (Glaser & Strauss 2017). While open coding the interview data, codes and categories were generated through line-by-line analysis (Natalier 2013). This process was undertaken in conjunction with the journal notes and reflections developed during and after the interviews, and after reading published and unpublished literature. The emphasis during this stage was to code data and consider similarities and differences, and to begin developing groups.

The second step in generating meaning from the qualitative data was the use of axial coding. During this stage of interview data analysis, codes developed during open coding were rigorously specified and elaborated, and further reading of literature and media articles was undertaken (Glaser & Strauss 2017). During this stage, themes began to emerge from the qualitative interview data. The third stage of coding was selective. In the selective coding process, core categories or themes were developed.

In qualitative research, data collection generally ceases when no new codes emerge, also known as theoretical saturation. The researcher felt there were few new codes being generated during the 10th and 11th interviews, and that theoretical saturation was beginning to be reached. However, it should be noted that although saturation is important in qualitative research, its usefulness is debated (see Mason 2010). Identifying when saturation point is achieved can be difficult, and arbitrary sample sizes are often chosen (i.e. multiples of 10). Mason (2010) suggests that while

saturation is an important principle, the contribution research findings make to knowledge on the topic is also a consideration.

Thomas and James (2006) suggest that grounded theory lacks ‘grounding’ because of the subjective nature of social research. When data are being collected and analysed, it is impossible to be objective, as Glaser and Strauss (2017) suggest is necessary when undertaking grounded theory. As detailed earlier in this chapter, acknowledgement of social positioning and worldview (inclusive of epistemology, ontology, and axiology) are important to disclosing to the reader the subjectivities you may hold. While this does not free the research from those subjectivities, it acknowledges you are cognisant of your worldview and the impact this may have on your research.

In summary, grounded theory uses inductive reasoning to generate theory from data (Glaser & Strauss 2017). The use of grounded theory is important to the primary aim of this thesis because there is not currently a nation-wide critical theory of Aboriginal masculinity in Australia (Mukandi et al. 2019). The process of grounded theory as used in the qualitative study of nature-based therapy consisted of: journaling notes, reflecting, coding interview data, reading published and unpublished literature, discussing ideas with Aboriginal and non-Indigenous people, and generating themes. In the discussion chapter (Chapter 12), the outcome of this application of grounded theory is detailed in the development of a new critical theory of Aboriginal masculinity.

6.4.3 The sample

The sample used in this qualitative study consists of 11 Aboriginal men who are members of the Tasmanian Aboriginal community. The men in the sample all took part in at least one session of the nature-based therapy program ‘Our Way on Country’. The program was conceptualised by Tasmanian Aboriginal community member Anthony King. Mr King secured funding through the Partners in Recovery Consortium, and the program was delivered through a partnership between Karadi Aboriginal

Corporation and Adventure Works Pty Ltd (Adventure Works 2016a). The author of the thesis was an employee of Karadi Aboriginal Corporation during this time, and part of his role was to assist in the program's facilitation and delivery.

Before the recruitment of research participants, Elders and senior Aboriginal men in the Tasmanian Aboriginal Community were consulted. This consultation included: (i) whether the proposed research (a research project investigating the experiences of Aboriginal men participating in nature-based therapy) was appropriate; and (ii) whether there was a need. The men decided that the research project would be useful to provide information that could be used to enhance the health and wellbeing of Aboriginal men in Southern Tasmania. Participants were recruited through Karadi Aboriginal Corporation, a small-to-medium-sized Aboriginal Community Controlled Health Organisation in the northern suburbs of Hobart, Tasmania (Karadi 2019). To begin participant recruitment, the author attended the Aboriginal Men's Group, and a discussion was undertaken regarding the research project.

Collaboratively, the researcher and Aboriginal men decided that only Aboriginal men who had participated in the nature-based therapeutic program would be eligible to participate. Aboriginal men were not directly asked to participate, instead they were given a Research Advertisement (see Appendix A) and asked to contact the researcher if they were interested. In total, 11 Aboriginal men were interviewed. All 11 participants identified as being a member of the Tasmanian Aboriginal community, six identified as being Tasmanian Aboriginal, and the other five identified with various Indigenous groups from mainland Australia. The ages of participants ranged from 19 to 65, and the average age was 37. Most of the participants were interviewed between June and August 2018.

6.4.4 Semi-structured interviews and yarning

Data were collected through semi-structured interviews, all of which were conducted by the author. These semi-structured interviews used the Aboriginal conversation style of ‘yarning’ to promote a relaxed and culturally familiar environment (Bessarab & Ng'andu 2010; Morseu-Diop 2013; Walker et al. 2014). Yarning is an informal conversation style used by Aboriginal people, and often contains elements of humour and storytelling. Semi-structured interviews or yarns are an excellent way to understand and explore the experiences of Aboriginal men participating in nature-based therapy to enhance their health and wellbeing.

To begin the semi-structured interviews, the participants and researcher agreed on a time and place to meet. Participants were all given a copy of the Participant Information Sheet (see Appendix B) and Participant Consent Form (see Appendix C). The researcher explained the purpose of the study, confirming they understood, and that they gave consent. A series of 13 questions was developed from the literature reviewed in the earlier chapters of this thesis. These questions served as a guide, and participants had agency to take the yarn in a direction of their choosing before being brought back to the questions.

6.4.5 The interview schedule and yarning guide

The interview schedule consisted of 13 semi-structured questions, each with sub-questions or prompts to guide the interview (The interview questions are detailed in Appendix D). Because the researcher knew the participants from his employment with Karadi Aboriginal Corporation and membership of the Tasmanian Aboriginal Community, extra attention was given to ethical procedures and professional practice. Before the interviews or yarns began, the recording device (an iPhone 6 with a secure voice recording application called ‘Voice Recorder’) was placed on a surface between the researcher and participant. The researcher explained the purpose of the recording

device and asked the participant if they felt comfortable. All participants indicated they were comfortable, and at this point the recording was started.

The yarns with participants began by reiterating that anything discussed outside of the recorded interview could not be used in research. This initial clarification was generally followed by engaging the participant in a humorous topic or a point of discussion regarding Aboriginal culture. This was done to encourage a relaxed atmosphere and to transition from the more formal beginning of the interview to signal that we were yarning.

As discussed in section 6.4.2 of this chapter, grounded theory with thematic analysis and coding was used to analyse the qualitative research project data (Glaser & Strauss 2017). This process of data analysis had five steps:

- (i) To keep a journal while conducting interviews with participants. This journal held notes regarding ideas during the interview, and reflections after the interview.
- (ii) To manually transcribe participants interviews from the audio recording to a Microsoft Word document. During this step, the journal for ideas and reflections used in step one was added to with thoughts that arose from data transcription.
- (iii) Coding the data by printing out the written transcripts and manually writing codes in the wide margin. The codes were derived in a circular process by re-visiting the literature, reflecting on the data, and re-configuring the codes. The process, as discussed in section 6.4.2, was open coding, axial coding, and selective coding.
- (iv) Thematic analysis of codes to generate themes.
- (v) Re-visiting the data, reviewing ideas and reflections from the journal in steps one and two, and reviewing codes and themes generated in steps three and four.

This five-step application of grounded theory with thematic analysis of data resulted in the generation of three overarching themes: nature-based therapy, health and

wellbeing, and identity. Each of the themes has five sub-themes, which are detailed in Chapters 7 to 9. The identification of themes was grounded in Indigenous standpoint theory (Foley 2003) and the researchers social positioning, as detailed earlier in this chapter. The central components of these which have shaped the data interpretation and generation of themes are the researcher's Aboriginality and membership of the Tasmanian Aboriginal Community. For example, in Chapter 9, the formation of 'identity' as a theme and 'settler colonialism' as a sub-theme is shaped by the researcher's social positioning as an Aboriginal person. A non-Indigenous researcher may have interpreted components of settler colonialism such as transgenerational trauma and loss of identity as individual or family issues. Instead, these individual experiences have been interpreted as components of the larger social structure of settler colonialism.

In Chapter 8, the development of the theme 'health and wellbeing', and its various sub-themes, provides another example of how the researcher's standpoint has shaped data analysis. The sub-theme 'cultural and spiritual wellbeing' discusses the Aboriginal concept of 'Country', which refers to an ontological relationship Aboriginal people have with the natural environment (Moreton-Robinson 2003). From a non-Indigenous standpoint, the concept of Country may have been categorised exclusively as a cultural phenomenon and not also as a component of Aboriginal health and wellbeing. This same point is further articulated by Dudgeon, Milroy and Walker (2014, p. xxiv):

Aboriginal and Torres Strait Islander health is viewed in a holistic context that encompasses mental health and physical, cultural and spiritual health. Land is central to wellbeing. Crucially, it must be understood that while the harmony of these interrelations is disrupted, Aboriginal and Torres Strait Islander ill health will persist.

6.4.6 Limitations

One key limitation of this research project is the number of participants in the sample. Approximately 40 Aboriginal men participated in one or more sessions of the nature-based therapeutic program, but only 11 took part in this study. The researcher felt that saturation point was beginning to be reached with the sample. However, a sample larger than the 11 in this thesis may have provided greater insight into the experiences of nature-based therapy for Aboriginal men.

Population cohorts with poorer health and wellbeing can experience additional barriers to participation in research. For example, because Aboriginal men are acknowledged as having the worst health outcomes in Australia (Australian Department of Health and Ageing 2013b), participation in a research project may be competing with other demands in their lives, and may appear lacking in immediate benefits. Similar barriers to participation were identified by George, Duran and Norris (2014) in their study of minority groups and research participation in the United States. Barriers to participation because of health and wellbeing may have reduced the sample size of this study.

A third factor limiting this study is the historical and sometimes contemporary negative experiences of Aboriginal people participating in research:

Early research in Australia included negative race-based research practices such as eugenics and scientific racism, which sought to prove that Aboriginal people were mentally and physically inferior human specimens to Europeans. Memories of these times have been ingrained in the psyches of successive generations of Aboriginal and Torres Strait Islander peoples and more recent examples of poor research practices have contributed to the degrees of distrust that developed towards researchers and research institutions. (AIATSIS 2013, p. 4)

The damaged relationship between the Tasmanian Aboriginal community and settler research institutions may have limited the desire of Aboriginal men to participate in

this research project. In Tasmania, there is a history of negativity regarding research and Tasmanian Aboriginal people. The University of Tasmania (the institution through which this thesis is produced) and the Royal Society of Tasmania are two organisations which have historically participated “in research and treatment of Aboriginal ancestral remains that is now recognised as disrespectful and has contributed to ongoing hurt being felt by today’s Aboriginal people” (Lehman 2020, p. 1). The University of Tasmania made an apology to the Tasmanian Aboriginal Community in 2019, but this was after data collection for this research project which took place in mid-2018 (McCauley 2019). For Aboriginal people, building trust with settler institutions when it has been severely damaged will take time and sustained effort on the institutions’ part.

6.4.7 Ethical issues

Approval for the research was gained from the University of Tasmania Social Sciences Ethics Committee ID: H0017260, as per the requirements of the National Statement on Ethical Conduct in Human Research 2007 (Updated 2018) (NHMRC 2018). All participants were asked to read the Participant Information Sheet (see Appendix B) and sign the Participant Consent Form (see Appendix C) before participating. None of the participants indicated feeling compromised by the interview process, and some commented they found the yarn beneficial.

In Chapters 7 to 9, names of research participants are substituted for palawa kani (Tasmanian Aboriginal Language) words. For example, one participant is named Nita, which is palawa kani for ‘brother’. Where one or more direct quotes from a participant may compromise their anonymity despite using a pseudonym, ‘[name withheld]’ has been used. Further, the names of some geographical locations, Aboriginal mobs/tribes, and other identifying features have been substituted to maintain participant anonymity while retaining data meaning. Because the number of Aboriginal men who participated

in the nature-based therapeutic program through Karadi Aboriginal Corporation was about 40, and the Tasmanian Aboriginal community in Southern Tasmania is relatively small, maintaining anonymity in the data was particularly important.

6.5 The Longitudinal Study of Indigenous Children

The second study in this thesis uses the Longitudinal Study of Indigenous Children (LSIC). A statistical survey is important to this thesis because it provides information about a broad cross-section of Indigenous men across Australia (Ezzy 2013b). This is essential because the primary aim of this thesis is to provide an understanding of Aboriginal masculinity in Australia, while the third aim is to provide a strengths-based narrative of Aboriginal men. Chapter 10 uses LSIC data to explore how a wide range of Indigenous fathers view Indigenous culture, and why the sharing of Indigenous culture with their children is important in their upbringings. In Chapter 11, results of analysis of LSIC data challenge the settler-colonial deficit narrative that Indigenous fathers are disengaged and disinterested in the lives of their children. Using a statistical survey is important to understand how a wide range of Indigenous fathers participate in the lives of their children.

The LSIC is an Australian mainland study conducted by the Federal Department of Social Services (2018). The dataset contains data on more than 6,000 primarily quantitative variables, but also some short qualitative responses. Indigenous Research Administration Officers (RAOs), generally from the local Aboriginal or Torres Strait Islander community, collect data annually. Questions are asked of Aboriginal and/or Torres Strait Islander children, their mothers, fathers, and teachers. The study covers a wide range of topics regarding child health and wellbeing, learning and development, and family and community. This includes Indigenous culture and language, parent's health, social and emotional wellbeing, family composition and family relationships, and family history and connection to country and culture.

In 2008, when the study commenced, there were 1,677 children participating across two cohorts: Baby Cohort (B Cohort, $N = 968$) and Kid Cohort (K Cohort, $N = 709$). When the study began the B Cohort children were aged 6 to 18 months, and the K Cohort children were aged 3.5 to 5 years (Department of Social Services, 2018). The LSIC uses a non-representative sampling design (Department of Social Services 2018, p. 1), and during the first annual ‘wave’ of data collection, Aboriginal and/or Torres Strait Islander children were recruited from 11 sites across Australia (see Figure 6.1 (Kneebone et al. 2012)). These sites were selected because they cover a wide range of socio-economic indicators, Indigenous community environments, and geographical locations. The main limitation of the LSIC is that it collects no data in Tasmania (Walter, Dodson & Barnes 2017).



Figure 6.1 Longitudinal study of Indigenous Children (LSIC) interviewing locations (Kneebone et al. 2012, p. 64)

In Chapter 10, content analysis is used to examine short qualitative texts from Waves 1 (2008), 4 (2011), and 7 (2014) (Churchill 2019). Content analysis is the formal study of ‘texts’ (written, numerical, image, or sound) as units of analysis to generate meaning.

Bernard Berelson (1952, p. xi) first developed content analysis in 1952 as “the objective, systematic and quantitative description of manifest content of communication”. Its early use was focused on quantitative analysis of newspapers (Krippendorff 2018).

Since its invention, content analysis has become a commonly used method of enquiry. As discussed by Churchill (2013, pp. 255-256) key areas where content analysis is a useful research method include:

- i) Identifying and describing trends, patterns and differences apparent in texts;
- ii) Classifying, categorising and evaluating texts;
- iii) Summarising and quantifying texts; and
- iv) Examining relationships between objects within texts, and between texts and their contexts.

Content analysis is used in Chapter 10 to examine short qualitative responses to three variables. The three variables examined are: (i) “What about Indigenous culture will help SC grow up strong-text”, (ii) “Things P2 does to pass on Indigenous culture to SC-text”, and (iii) “Issues about P2 passing Indigenous culture on to SC-text”. The reason content analysis was chosen is because the responses to these variables range from single words to three sentences.

The application of content analysis to these data required first coding the responses. The varied responses meant some answers were thematically coded into more than one category—in some instances one participant’s response was included in up to four thematical typologies. For example, in Wave 1, when fathers were asked “What about Indigenous culture will help SC grow up strong-text”⁹ (SC stands for ‘Study Child’), responses ranged from “identity” to “family connections, within the community and

⁹ In the primarily quantitative LSIC dataset, the ‘-text’ suffix indicates the question has a qualitative answer.

being proud of her culture. Teaching her about her culture and her connection to country”. These thematic categories were subsequently quantified to identify the frequency of responses according to theme (Churchill 2013).

A common criticism of content analysis is that analysis and interpretation of data can be subjective particularly when using qualitative data (Krippendorff 2018). In Chapter 10 and the application of content analysis to qualitative data from the LSIC, this criticism was countered in two ways. First, the co-authors of the published chapter (Dr Michael Guerzoni and Huw Peacock) were also involved in data analysis. This assisted in reducing the subjectivities associated with one person coding data (Churchill 2013). The second way the subjectivity of interpreting qualitative data was accounted for was by the authors disclosing our social positioning and worldviews (Walter 2013). Further details are provided in Chapter 10.

In Chapter 11, Aboriginal (and/or Torres Strait Islander) fathering narratives are explored. Univariate and bivariate analysis is used to examine three questions from Waves 3 to 9 of the LSIC:

- (i) Percentage of Indigenous and non-Indigenous fathers who read books with and tell oral stories to their children;
- (ii) Indigenous fathers’ involvement with their children’s schooling over time; and
- (iii) Indigenous fathers and their involvement in their children’s education according to primary caregivers.

Univariate analysis considers the statistical measure of one variable. This is the simplest form of quantitative analysis, and can be useful in ‘getting to know’ your data (Peacock 2019). In Chapter 11, before univariate analysis was applied to the seven variables listed below, the computer software SPSS was used to open the LSIC dataset. Then, the ‘split file’ operation was run to select only Indigenous (Aboriginal, Torres

Strait Islander, and Aboriginal and Torres Strait Islander) fathers. The seven variables on which univariate analysis was performed were:

- i) During school term, Dad has - visited SC's class;
- ii) How often talks about school with SC;
- iii) Does Dad take SC to school;
- iv) Dad checks or helps SC with homework;
- v) How far Dad thinks SC will go in education;
- vi) Listened to SC read (past month)—Family member—Father; and
- vii) Activities SC does with P2 to learn about being Indigenous.

The results of the univariate analysis on these seven variables are detailed in Chapter 11.

Bivariate analysis considers the statistical measure of two variables, and tests how one relates to another (Patman, Denny & Churchill 2013). In SPSS, the ‘crosstab’ operation was selected to run two variables separately against the variable “Dad's Indigenous status”:

- i) How often Dad listens to SC read; and
- ii) How often tell oral story.

The output of this operation was to measure the difference between Indigenous (Aboriginal, Torres Strait Islander, or Aboriginal and Torres Strait Islander) and non-Indigenous fathers. The results for this are detailed in Chapter 11.

A common criticism of univariate and bivariate analyses is that they only consider one or two variables when multivariate analysis may be more useful. Multivariate analysis allows for multiple variables to be considered (Phillips 2013). For example, from the LSIC dataset, we could consider the variable “Something can cheer Dad up” as the dependant variable, and the impact a range of independent variables have, such as: “Dad laughs and jokes a lot”; “Dad has someone to talk to when upset”; and “Dad

knows/understands about family, history & culture”. This form of quantitative analysis allows us to consider the impact a number of independent variables have on the dependent variable, and how much each independent variable plays a role (its covariance) (Muijs 2010).

Another criticism of quantitative methods is that the analysis is only as good as the dataset being used. A dataset may be considered to be lacking in quality if: there is little validity and reliability, variables are poor measures of concepts, findings are made in the absence of theory, or the dataset loses sight of individual humans and the social world (Phillips 2013). The LSIC dataset is collected by the Commonwealth Department of Social Services (DSS) (Department of Social Services 2018). The LSIC belongs to a suite of longitudinal studies within the National Centre for Longitudinal Data (NCLD) within the DSS. These Australian federal government studies are considered to be of high quality, and the LSIC is considered to be of significance to Aboriginal and Torres Strait Islander peoples (Walter, Martin & Bodkin-Andrews 2017).

6.6 Conclusion

This chapter has detailed the methodology and methods used in this thesis to investigate Aboriginal masculinity, Aboriginal men’s experiences of nature-based therapy, and Aboriginal fatherhood. The methodology is built on Indigenous standpoint theory, which highlights the significance of the researcher’s social positioning and worldview and how these factors shape the research process. Acknowledging social factors and the role they play is particularly important when undertaking research with an Indigenous population in a settler-colonial society like Australia, where Indigenous worldviews are typically marginalised.

In the main research project of this thesis, semi-structured interviews or yarns were used to collect data. Semi-structured interviews or yarns are a culturally appropriate method of collecting data with Aboriginal people. Yarning contributes to Aboriginal participants feeling relaxed and that they are in a culturally safe space when interviewed. This is important, because research institutions in Australia are typically stigmatised by Indigenous people due to their long history of unethical practices. The second lot of research methods used in this thesis is content analysis and univariate and bivariate analysis of data from the LSIC. More detail on these methods is provided in the published versions of Chapters 10 and 11.

The next chapter is the first of three that detail the results of the qualitative interviews with Aboriginal men on their experiences participating in the nature-based therapy program, 'Our Way on Country'. The first explores the theme of 'nature-based therapy' and how the men believed the 'Our Way on Country' program enhanced their health and wellbeing.

Chapter 7 – Findings: ‘It definitely did improve my health, like you wouldn’t expect’—Nature-based Therapy and Aboriginal Men

7.1 Introduction

This and the following two chapters use data from the qualitative study to explore the experiences of Aboriginal men in Southern Tasmania participating in the nature-based therapy program ‘Our Way on Country’. The three overarching and interconnected themes forming their experiences are: nature-based therapy, health and wellbeing, and identity. This chapter details the theme of nature-based therapy and how the men believed it enhanced their health and wellbeing. Chapter 8 explores how the Aboriginal men understand their health and wellbeing, and Chapter 9 details components of identity for Aboriginal men in Southern Tasmania, building a narrative of their lived experience as members of an Indigenous minority in a settler society.

This chapter begins by explaining how the three overarching themes of nature-based therapy, identity, and health and wellbeing are interconnected. This is followed by an overview of the five sub-themes of ‘nature-based therapy’: conceptualisation, health and wellbeing, Country and culture, social connections, and space for Indigenous masculinity. I then detail the nature-based therapeutic program ‘Our Way on Country’, and the activities undertaken in a partnership between Aboriginal male participants, Karadi Aboriginal Corporation, and Adventure Works. The Aboriginal men suggest that nature-based therapy programs (for which alternative names are also explored) represent a Western tweak to a traditional Aboriginal health and wellbeing concept. For the men participating in this traditional Aboriginal practice of nature-based therapy, four key benefits were attained: holistically enhancing their health and wellbeing; providing an opportunity for Aboriginal men to spend time on Country and practise

Aboriginal culture; offering an environment conducive to the enhancement of healthy social connections; and providing space to express their Indigenous masculinity.

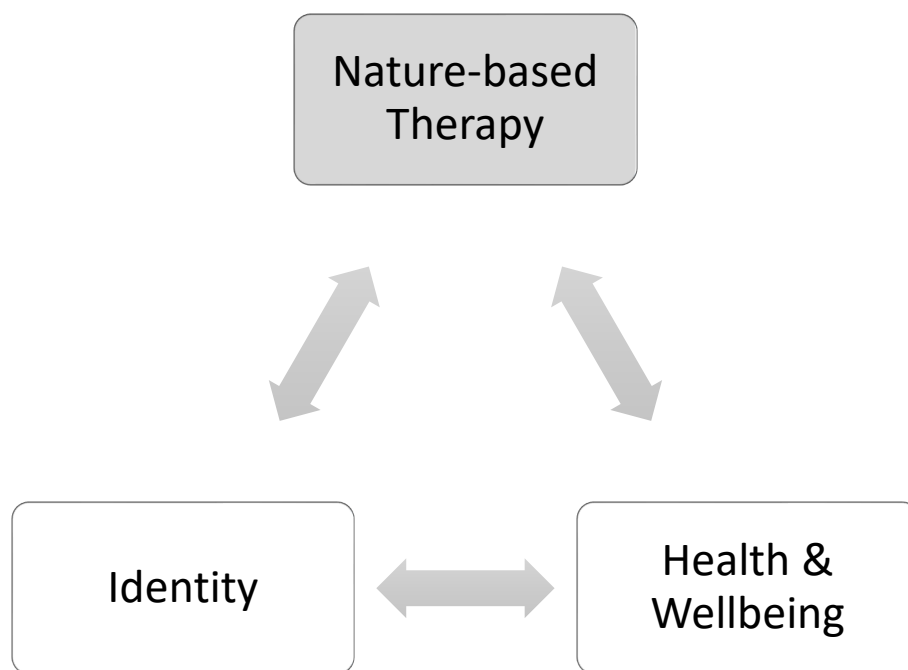


Figure 7.1 Nature-based therapy and Aboriginal men in Southern Tasmania—thematic analysis

From an Indigenous standpoint, the thematic analysis used grounded theory to develop three overarching themes of the Aboriginal men’s experiences participating in the nature-based therapy program. As illustrated in Figure 7.1, above, these three themes are nature-based therapy, health and wellbeing, and identity. This chapter focuses on nature-based therapy, Chapter 8 examines health and wellbeing, and Chapter 9 focuses on identity. It is important to understand the interconnectedness of these three themes. Nature-based therapy is a malleable form of health and wellbeing programming which can be tailored to suit the specific health and wellbeing needs of participants. This malleability can be particularly beneficial for Aboriginal people because it can incorporate components which align with Aboriginal identity, such as Indigenous cultural practices or spending time on Country (on identity, see Chapter 9).

The theme of nature-based therapy is also connected with the theme of health and wellbeing. Taking advantage of this therapy type’s versatility, its delivery was tailored

to meet the health and wellbeing needs of the Aboriginal men. In Chapter 8, where I detail the theme of health and wellbeing further, I also point out how one of the domains of health and wellbeing, ‘cultural and spiritual wellbeing’, requires adequate attention and care for the men to consider themselves healthy. Nature-based therapies provide a way for the health and wellbeing of Aboriginal men to be addressed holistically (see Chapter 8 for a detailed discussion).

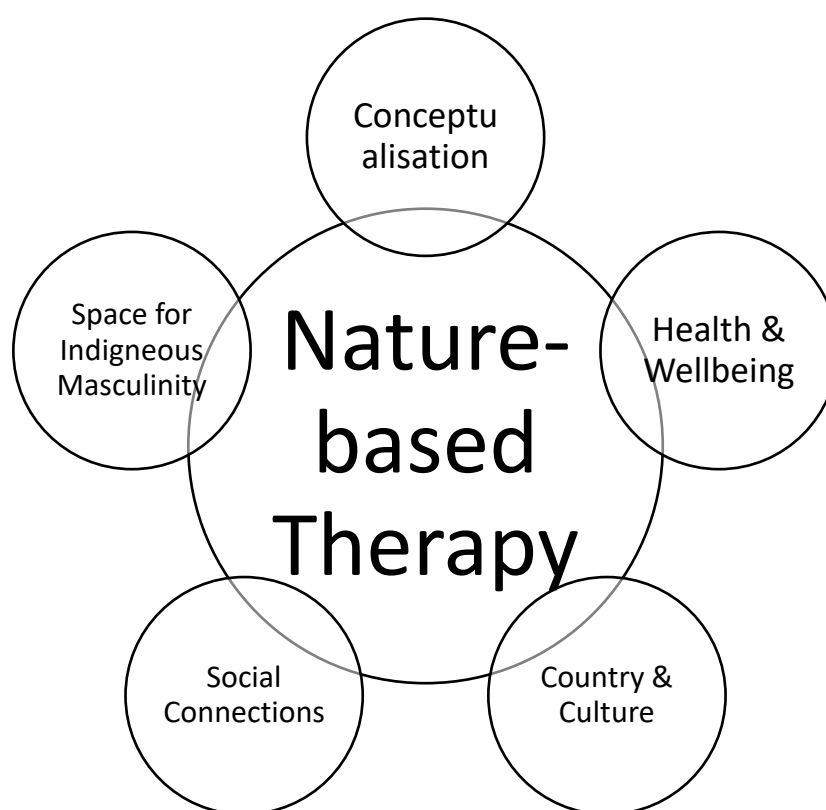


Figure 7.2 Thematic analysis of nature-based therapy for Aboriginal men in Southern Tasmania

As illustrated in Figure 7.2, the interview data suggest that participation in nature-based therapy by Aboriginal men in Tasmania has five sub-themes. For these Aboriginal men, the first theme is how, from an Aboriginal worldview, they conceptualised the term ‘nature-based therapy’. This is followed by their participation in the nature-based therapy program and the four key benefits which it provided: being able to spend time on Country; undertaking Aboriginal cultural practices; being in an environment conducive to the enhancement of social connections; and having space for the expression of Indigenous masculinity.

Each of the five sub-themes is briefly introduced below, before the chapter provides an introduction to the ‘Our Way on Country’ program and the barriers to participation. The remainder of the chapter gives a more in-depth analysis of the five themes.

7.1.1 Conceptualisation

Five of the 11 participants discussed the conceptualisation of nature-based therapy and its terminology. They suggested that the concept of ‘Bush Adventure Therapy’¹⁰ (or nature-based therapy) is congruent with a traditional Aboriginal approach to enhancing health and wellbeing. Waypa said he preferred the terminology “*Back on Country Men’s Health Trips*”, because this is a more accurate description of the program and its activities. The power of language and the naming of health and wellbeing programs was explored by several of the men. For example, the term “wilderness” implies that the Australian bush is empty and meaningless, which ignores Aboriginal worldviews and ontological relationships like those expressed in the notion of ‘connecting with Country’. For the men, language highlights continuing tensions between Indigenous people and the Australian settler state. To overcome these tensions, Aboriginal people should lead their health and wellbeing programs from conceptualisation.

7.1.2 Health and wellbeing

Each of the 11 men discussed the holistic benefits to each domain of their health and wellbeing (as discussed in Chapter 8) resulting from participation in the nature-based therapeutic program: physical health, mental health, cultural and spiritual wellbeing, and social connections. For most of the men, participating in nature-based therapy provided simultaneous benefits in two or more domains of health and wellbeing. For example, walking on Country with other Aboriginal men provided benefits to cultural

¹⁰ In February to August 2016, during the facilitation of the nature-based therapeutic programming, the terminology used was Bush Adventure Therapy. The organisation engaged to co-deliver the programming (Adventure Works) uses the term ‘Bush Adventure Therapy’ in its service delivery, and both the researcher and participants used that term in the interviews, as some quotes in this chapter illustrate. Further discussion about terminology can be found in the sub-theme ‘conceptualisation’.

and spiritual wellbeing, physical and mental health, and to the enhancement of social connections. However, some men identified that nature-based therapy on its own was not adequate to address all health issues, giving schizophrenia as an example. Western medicines are needed to treat particular illnesses, but nature-based therapy can also contribute to good holistic health and wellbeing.

7.1.3 Country and culture

Most of the participants favourably discussed the ability of nature-based therapy to integrate Country and Aboriginal culture into programs. Having the opportunity to be on Country and spend time with other Aboriginal men on Country provided benefits in the domain of cultural and spiritual wellbeing (see Chapter 8). For Aboriginal men, spending time on Country is important to their identity, and their ability to spend time on Country has been reduced because of the settler colonialism (see Chapter 9). When spending time on Country, the men were able to undertake Aboriginal cultural practices, such as collecting materials to make cultural items (including waddies, clapsticks, and spears), and shared cultural knowledge about Country (through stories, yarns, and information about the natural environment).

7.1.4 Social connections

All 11 discussed the importance of social connections with other Aboriginal men during the nature-based therapeutic programs. The nature-based programming contributed to the development of new friendships and allowed for growth in existing friendships; for many of the men, these friendships were continued outside the nature-based therapeutic programs in their own time. When yarning during the interviews, the men all shared humorous, heartening, or positive stories about events that occurred during the nature-based program. The social connections which developed also allowed for most of the men to fulfil Aboriginal community roles, such as Eldership

duties, sharing Aboriginal cultural knowledge, mentoring, and growing as Indigenous knowledge holders.

7.1.5 Space for Indigenous masculinity

Six of the 11 men directly discussed the notion of having space to express their Indigenous masculinity when involved in nature-based therapy. For these men, getting away from settler society and spending time on Country provided space to express themselves as Aboriginal men. There are a number of stresses the men experience when in settler society, such as marginalisation, discrimination, racism, and denial of identity, but when participating in the nature-based therapeutic programming, Indigenous male spaces were created which meant the men could express aspects of their Indigenous masculinity that would likely be marginalised if they were expressed in settler society.

This chapter now discusses the nature-based therapy program, ‘Our Way on Country’, and details the five sub-themes of conceptualisation, health and wellbeing, Country and culture, social connections, and space for Indigenous masculinity.

7.2 The ‘Our Way on Country’ program

The primary aim of the nature-based therapy program ‘Our Way in Country’ was to holistically enhance the health and wellbeing of Aboriginal men in Tasmania. Tasmanian Aboriginal community member Anthony King devised ‘Our Way on Country’ in the summer of 2015–16 (Adventure Works 2016), discussed the idea with the Partners in Recovery Consortium member Relationships Australia, and successfully secured funding. King then contracted the delivery component of the program to Adventure Works Pty Ltd, a nationally recognised nature-based therapy program provider based in Hobart, Tasmania.

Program development and delivery were undertaken in a collaboration between Adventure Works and Karadi Aboriginal Corporation. Karadi is a small-to-medium-sized Aboriginal organisation in Hobart's Northern Suburbs (Adventure Works 2016; Karadi 2019). This development and delivery were also undertaken in close consultation with Tasmanian Aboriginal community Elders and senior Aboriginal men in the community. Importantly, these collaborations between Adventure Works, Karadi, Elders, and senior Aboriginal men meant the program was able to be led by the men 'Our Way', enhancing the program aim of holistically improving health and wellbeing by bringing benefits through empowerment and self-determination (Cox et al. 2014; McCalman et al. 2010):

This project provided an extended and interconnected nature-based therapy program for Tasmanian Aboriginal men that included therapeutic and cultural experiences 'on country', both to strengthen men's health and wellbeing and to promote healing and recovery in areas of physical, mental, social and cultural wellbeing. (Adventure Works 2016, p. 1)

Throughout the 'Our Way on Country' program, approximately 40 Aboriginal men in Tasmania participated in a variety of events and activities. Over the period February to August 2016, these events included seven daytrips, seven evening sessions at Karadi Aboriginal Corporation, and three three-day camps (Adventure Works 2016b). The daytrip activities were of two main types, Aboriginal-specific activities, and general, non-Indigenous-specific activities. The former included yarning sessions (generally conducted on Country), collecting cultural materials to make tools, art, and craft objects, spending time on Country (for example, at putalina (Oyster Cove) and on kunanyi (Mt Wellington)), and cultural event celebrations (specifically a NAIDOC Week flag-raising and a family afternoon with Karadi Aboriginal Corporation).¹¹

¹¹ NAIDOC is the National Aborigines and Islander Day Observance Committee, and NAIDOC Week is a week of celebrations held across Australia each July to celebrate the history, culture, and achievements of Aboriginal and Torres Strait Islander peoples (NAIDOC 2020).

Another important Aboriginal cultural daytrip was to meet and undertake an Indigenous cultural exchange with a group of Native American staff and students from Arizona. This cultural exchange daytrip was part of an annual Indigenous student exchange program established by the University of Tasmania and Northern Arizona University.

The general (non-Aboriginal-specific) daytrip activities included group kayaking sessions, abseiling at various locations across Southern Tasmania, and fishing:

We did kayaking, which is really nice. I always loved being on the water. Hikes, I'm pretty sure, caving, which was really fun. I did do some abseiling, yeah, that was cool. Fishing, which is very important. I really enjoy going fishing, that's something my father done with me for a while. Oh, and the dinners, of course, that was an activity. But most importantly, just sitting around the fire and having a yarn. (Pakara)

The evening sessions all included a meal, with the cooking or cleaning duties often shared amongst the men; some evenings, the program facilitators from Adventure Works or Karadi Aboriginal Corporation would cook, other evenings, the program participants would. In addition to the meals, then evening sessions included activities such as making cultural tools (waddies, clapsticks, and spears), sharing Aboriginal culture, yarning, and camp planning and preparation:

Through Bush Adventure Therapy there's been some pretty cool experiences; being able to go kayaking or fishing, or freezing our butts off down at Cockle Creek. (Nita)

It was a different sorta involvement, doing bush therapy. We were very active and very fit. Some experience was doing the abseiling. It was a bit frightening for some of the guys we saw. I tried a little abseil and I said I want to go back and try again. I didn't get a chance to get into some canoeing, but almost everything we've done in that area involved fitness and health, and we were all getting fresh air. We all seemed pretty healthy when we were doing these things, and we were all eating proper food. (Pulali)

In addition to the daytrips and evening activities were three three-day camps (Adventure Works 2016b). The first was at Irapuna (Eddystone Point) in the North-east of Tasmania. This is a Tasmanian Aboriginal Community-leased property managed by the Aboriginal Land Council of Tasmania (ALCT). The second camp was held at Recherche Bay in the South-East corner of Tasmania. The third was held at Murray Field (an Aboriginal-owned sheep station) on North Bruny Island, off the coast of South-east Tasmania. The three camps consisted of similar activities: establishing a camp site, collecting firewood, kayaking and boating, fishing, making Aboriginal cultural items, sharing culture, and yarning.

7.2.1 Barriers to participation

All 11 Aboriginal men were asked whether they experienced barriers to participation in ‘Our Way on Country’. Although few barriers were identified, some of the men found that the main barriers they experienced related to external social obligations and the program resources. For example, some of the men explained that, due to social obligations such as employment, family, and time constraints from their daily lives, they were unable to participate as frequently as they desired. The other main barrier to participation, mentioned by two of the men, was financial resources limiting their ability to undertake particular activities:

I wasn't able to do things with my sons at the camps on the weekend and so, you know... the weekends I had off, I was working again, so I wasn't able to spend time with family and with my ex-partner. (Name withheld)

Limited time to participate in ‘Our Way on Country’ was identified as a barrier by three men. For all three, this was due to employment and family commitments. For example, [name withheld] said that when participating in the program he had to compromise between spending time enhancing his own health and wellbeing, commitments to his family, and employment. Because of these time constraints, [name

withheld] explained that he could not participate in the program when needed, and as a result, his own health and wellbeing was neglected.

Another barrier to participation was the cost of activities. While there was a variety of Aboriginal-specific and more general activities undertaken, some men wanted to visit places which held particular significance to the Tasmanian Aboriginal community. For example, Lakarana wanted to hold a men's camp on Flinders Island, which is located off the North-east coast of Tasmania. Flinders Island holds great significance for the Tasmanian Aboriginal Community, because it is home to the Wybalenna Mission¹² (Ryan 2012). Also, most Tasmanian Aboriginal people have family connections to Flinders Island or other Furneaux Islands (especially Cape Barren Island, where the Cape Barren Island Reserve was established in 1881):

But I think if you're gonna go on adventure trips like that, it's good. But it's just the expense that comes with them, you know, and we couldn't have all gone over to Flinders and take things like the kayaks. (Lakarana)

The money required to take the 'Our Way on Country' program to locations of significance to the Tasmanian Aboriginal community was discussed by some of the men. Ideally, visiting some remote and challenging-to-reach locations meant additional funding was needed. Visiting remote locations such as Flinders Island may have provided the Aboriginal men with a heightened ability to connect with Country, an enhancement of their health and wellbeing, an ability to share Aboriginal cultural knowledge, and a contribution to growth in their Aboriginal identity (see Chapter 9).

¹² See Ryan (2012) or Plomley and Robinson (1987) for specific details about Wybalenna. In short, Wybalenna was a mission established on Flinders Island by settlers and the colonial government to 'house' Tasmanian Aboriginal people 'rounded up' by George Augustus Robinson in his so-called 'friendly mission'. Wybalenna was opened in 1833 and closed in 1847, during which time approximately 130 Tasmanian Aboriginal people died there. In 1847, the remaining Tasmanian Aboriginal people from Wybalenna were moved to putalina (Oyster Cove), south of Hobart.

Some of the participants identified two barriers to participation during the ‘Our Way on Country’ program. The main barrier was time constraints, which generally meant the health and wellbeing of the men was not prioritised because other areas of their lives, such as family or work, required attention. The other main barrier was financial, with some activities out of reach. The main desirable activity, suggested by Lakarana, was the trip to Flinders Islander. Future nature-based therapy programs need to consider how these barriers can be removed to enhance health and wellbeing outcomes for participants. The next section details the five sub-themes of ‘nature-based therapy’.

7.3 Conceptualisation

Four of the participants discussed the conceptualisation and terminology of the ‘Our Way on Country’ program in detail. During the delivery of the program the term ‘Bush Adventure Therapy’ was used by Adventure Works and Karadi Aboriginal Corporation to refer to the nature-based therapy model. The term ‘Bush Adventure Therapy’ was coined in 2004 at a gathering of nature-based therapeutic practitioners from Australia and Aotearoa/New Zealand (Carpenter & Pryor 2004).¹³ The name was thought to be more appropriate to the core components of nature-based therapy programs, which are that they take place on the land, involve the process of making connections with people and place, and emphasise the journey ahead. Indigenous participants at this 2004 gathering discussed the significance of language and its power in shaping thought (Carpenter & Pryor 2004). Thus, they suggested the use of language that is not Western in origin and which is inclusive of Indigenous worldviews. Based on this, the name ‘Bush Adventure Therapy’ was coined:

¹³ It should be recognised that, across the globe, a variety of different terms are used to discuss nature-based therapy, including wilderness therapy (Becker 2010; Russell 2001), adventure therapy (Bowen & Neill 2013; Gass, Gillis & Russell 2012), forest therapy (Lee et al. 2014; Ochiai et al. 2015), outdoor therapy (Revell, Duncan & Cooper 2014), outdoor adventure interventions (Bowen et al. 2016), and others (Australian Association for Bush Adventure Therapy 2019; Gass, Gillis & Russell 2012).

The new terminology recognises that ‘wilderness’ may be seen as a colonising term (implying ‘people-free’) that ignores the Indigenous presence in the land. The new title of Bush Adventure Therapy emphasises relationships with the natural environment in our work and practice. (Australian Association for Bush Adventure Therapy 2019, p. 1)

Four of the 11 men shared their thoughts on the conceptualisation and terminology of ‘Bush Adventure Therapy’, suggesting that it is based on an Aboriginal practice which existed before its entry into modern Western health and wellbeing approaches, and before settlers arrived in Australia:

Well, to tell the truth, I haven't participated in any program, because all the programs that are running are literally taking the name of ‘Bush Adventure Therapy’, which is a tweak on an Aboriginal concept. (Triyina)

The conceptualisation sub-theme was discussed further by some of the other men, including Waypa, who drew attention to the relationship between language and power.

For him, clarity was important:

Language defines matter, and so that's why the language you use you need to be careful. That's what I do. I'm a very articulate individual and I make sure to articulate well to my mob. (Waypa)

The ongoing tensions which exist between the Australian settler state and Indigenous people mean that terminology is particularly important when discussing concepts and language. For Waypa, when using terminology like ‘Bush Adventure Therapy’, he believed that we need to be cautious. The word ‘bush’ holds particular meaning, and is an informal Australian settler word for wilderness. For Waypa, the term ‘wilderness’ implies there is no one living in the area, which ignores the many thousands of years Aboriginal people have occupied Tasmania (see Ryan (2012)). ‘Wilderness’ can also suggest that an area does not hold value or meaning, even when it may be significant for Aboriginal people (see Moreton-Robinson (2003) on Aboriginal people’s ontological understanding of Country):

Just by using a word like 'the bush' we need to reflect, because the bush can be referred to as 'wilderness'. It's just a colloquial version of 'wilderness', that's what 'bush' is, it's the Australian colloquial version. Now the preferred term, and this is a term that a lot of us use, is 'Back on Country Men's Health Trips'. (Waypa)

To summarise, the four men who discussed these matters suggested that the concept of 'Bush Adventure Therapy' or nature-based therapy is an Aboriginal concept to enhance health and wellbeing. This concept has been used by Aboriginal people since well before British arrival in Australia. They preferred the terms 'On Country Men's Health Trips' or 'Our Way on Country' over 'Bush Adventure Therapy'. Further, the power of language used by Australian settler-society to describe components of the natural environment did not appropriately consider Aboriginal understandings of Country. Because of the ongoing tensions between settler society and Aboriginal people, we need to be careful when using particular terminology and language, and be aware of power and how it may be operating.

7.4 Health and wellbeing

All of the Aboriginal men discussed the benefits of the nature-based therapy program for their health and wellbeing. Most men identified two or more domains of health and wellbeing that were enhanced by participation in the program (see Chapter 8 for a detailed description of the four domains of Aboriginal health and wellbeing). Most of the men also said that the nature-based therapy enhanced their physical health and mental health. The five older men (aged 48 to 64) were more likely to talk about enhancements to their physical health, while the six younger men (aged 19 to 35) were more likely to discuss enhancements to both physical and mental health. All 11 discussed the nature-based therapy program providing some benefit in the domain of cultural and spiritual wellbeing, and the ability to enhance social connections during the program.

All of the men discussed the holistic benefits the nature-based therapy program provided for their health and wellbeing. When the men talked about holistic benefits, they talked about two or more of the four domains of health and wellbeing receiving help from participation. For example, Pakara shared how he found nature-based therapy to be a “*whole lot more effective than just counselling*”, because he was not sitting inside like in a traditional counselling session. Instead, during the nature-based therapy he was able to get outdoors and engage in exercise, which prompted a heightened physical response. For Pakara, participating in nature-based therapy thus provided simultaneous benefits in the domains of physical health and mental health:

I found Bush Adventure Therapy to be a whole lot more effective than just counselling, because you out and exercising your body and getting blood flowing. (Pakara)

The holistic benefits of nature-based therapy participation were also explored by Muta. For Muta, participation in the nature-based therapy program helped to enhance his mental, physical, and spiritual wellbeing, and it also helped to enhance his social connections. Encouragingly, it also reduced his substance misuse:

I find it very helpful where it helps me mentally, physically, spiritually. It helps me stay off the alcohol and cigarettes. I find a group very helpful; the people will all get together and help each other and get around. (Muta)

Nita, one of the younger Aboriginal men, also discussed how nature-based therapy provided holistic benefits to his health and wellbeing. For Nita, these benefits were in the domains of physical health, mental health, and cultural and spiritual wellbeing:

I think it's such a holistic approach to health, physical, mental, emotional, spiritual health that we all need, white, black, whatever, and I could just see that it is essential, it needs to come out from the sidelines and even be put up there with your traditional health, with your counselling, psychologists, and your pharmacy side of things. I think we can do away with a lot of this, you know, pills, prescriptions, you can do away with a lot. (Nita)

While most of the participants spoke favourably about the holistic benefits of nature-based therapy, two explained that it is not adequate by itself to effectively treat every illness:

I will say one thing: of everything that I've experienced in my 34 years of life, I've started to learn that some things adventure therapy can't get to the ends of the means, like certain mental problems like schizophrenia and stuff like that.
(Name withheld)

In summary, all 11 Aboriginal men discussed the benefits the nature-based therapeutic program provided for their health and wellbeing. Most identified two or more of their four domains of health and wellbeing that were enhanced by their participation in the program. When talking about the benefits, the men explained how multiple domains of health and wellbeing were simultaneously addressed by the nature-based therapy. Generally, the older Aboriginal men talked more about the benefits to their physical health, while the younger talked about benefits to physical and mental health. The men all discussed benefits of nature-based therapy to the health and wellbeing domains of cultural and spiritual wellbeing, and social connections. The next two sections explore how nature-based therapy enhanced cultural and spiritual wellbeing and how it provided an environment for good social connections.

7.5 Country and culture

All 11 men enthusiastically discussed the ability to spend time on Country and to undertake Aboriginal cultural practices. Most considered Country and Aboriginal culture to be principal components of their identity (see Chapter 9). Further, all of the men discussed, in varying levels of detail, how being on Country and practising Aboriginal culture benefited their cultural and spiritual wellbeing, a key domain of their overall health and wellbeing (see Chapter 8).

The events and activities the men participated in enabled them to connect with various aspects of Country across Tasmania. The Country (or land) the nature-based therapy was undertaken on varied, from areas that had been handed back to the Tasmanian Aboriginal community to areas ‘owned’ by the Tasmanian State Government.¹⁴ For example, Irapuna (Eddystone Point) in the North-east corner of Tasmania is a parcel of land leased by the Aboriginal Land Council of Tasmania (ALCT) and used by the Tasmanian Aboriginal community. Irapuna is of significance for the Tasmanian Aboriginal community because it is an area to which many Tasmanian Aboriginal people trace their ancestry (Tasmanian Aboriginal Centre 2015):

Most of our people today have ancestral links to the North East coast, because this is the area from which many of our women were taken by white sealers to live on tayaritja (the Furneaux Islands). Once on tayaritja, the women had children through the generations that followed, many of our people can trace their ancestral links back to this area... Our history and our culture is deep within the land, and they can never take that connection away from us. It does not matter what they do, that connection will always survive. (Tasmanian Aboriginal Centre 2015, pp. 4-5)

Another area of significance for the Tasmanian Aboriginal community the men visited during one of the seven daytrips was Putalina (Oyster Cove). Putalina is of particular significance for the Tasmanian Aboriginal community for three key reasons. First, following the disastrous time experienced by Tasmanian Aboriginal people at Wybalenna on Flinders Island (from 1833 to 1847), the surviving population were moved to Putalina (Oyster Cove), where an Aboriginal mission existed between 1847 and 1862 (Ryan 2012). Second, the Tasmanian Aboriginal community reoccupied the

¹⁴ There has never been a treaty between Tasmanian Aboriginal people and the British Government, or later the Australian settler-colonial state. Although the *Mabo* decision applies only to Indigenous communities that have continually occupied their lands since British invasion, the Tasmanian Aboriginal population was removed from their land by George Augustus Robinson and the so-called ‘friendly mission’. There is still no treaty between Tasmanian Aboriginal people and the settler state, and Tasmanian Aboriginal people have never ceded their sovereignty.

site in 1984, demanding that the land be returned to them because of its historical and cultural significance (Tasmanian Government 2017). In 1995, the Tasmanian state government formally transferred the title of Oyster Cove to the Aboriginal Land Council of Tasmania (ALCT) (Ryan 2012). Third, each year in January, the Tasmanian Aboriginal community holds the putalina Festival, which is a celebration of local and interstate musicians, Aboriginal cultural activities, and other interactions, attracting hundreds of people (Tasmanian Government 2017).

larapuna (Eddystone Point) and putalina (Oyster Cove) are examples of Country (places) which hold particular significance to the Tasmanian Aboriginal community. This Country has deeper meaning to the Tasmanian Aboriginal community and its members because of its historical and contemporary importance, the Aboriginal cultural knowledge it contains, ancestral connections, and the stories which the land holds. For the men, spending time at larapuna and putalina enabled them to connect with this Country in diverse ways. Sometimes connecting with Country was done as a collective of Aboriginal men by sharing stories (both historical and contemporary), and Aboriginal cultural practices. Connecting with Country was also done individually, using personal methods. For some men, this meant sitting by the fire or by themselves on the land, reflecting on the significance of the Country, how their ancestors had lived there, and the stories the Country contained, and by taking time to enjoy the tranquillity and fresh air:

You know, having that connection with Country, it's part of your identity as being an Aboriginal person, being able to connect to a place. (Nita)

Even if it's raining, you can still light a fire and have a yarn around that fire and try to keep warm. It was the group that made the nature-based therapy so great, and definitely being on Country, actually the most important aspect was being on the Country. The aspect of being on Country with other men that needed to be on Country. So, we were all there for a reason, really, not to just

enjoy it, I guess. I guess every day is a good day for being on Country, even if it is raining. (Pakara)

I'd prefer to be out in the bush than in the city. But yeah, when you dance, and you dance those animal stories and there's so much more knowledge and understanding that you need to have for Country to do that dance justice. (name withheld)

For both the older and younger Aboriginal men, there were similarities in their discussions about being on Country and why this was an important part of the nature-based therapy. As one of the men explained, even if the weather was miserable, it was still a valuable time to be on Country by a warm fire yarning with other Aboriginal men. Also, while the men were on Country together, they were able to share Aboriginal cultural practices, such as making tools. When particular Aboriginal cultural practices were shared and experienced on Country, they were seen as having greater significance and meaning.

Nine of the 11 described being able to get on Country during the nature-based therapy as a key component of their overall health and wellbeing. Being on Country provided benefits to their health and wellbeing holistically across each of the four domains: physical health, mental health, cultural and spiritual wellbeing, and social connections:

So, it's just, mentally you're freer. You don't have to be stressing about what's next, hurrying to the next thing. You can sit down and watch a river for an hour if you want to—that's the good shit. And physically, just being outside and breathing fresh air, that's gotta be good for you. And eating the food, that's one thing I've noticed as well, I eat a lot more bush tucker, a lot more foods from the bush and that. That's good. I see change in my body just from that, like losing a bit of weight, getting a bit stronger, and making cultural tools and collecting the food. (Pulawini).

That's one of the things I notice immediately: no anxiety. It's easier for me to open up and talk to people out in the bush. But in the city, it's different, I dunno, I think it's the concrete. (Pulawini)

One of the younger Aboriginal men, Waypa, explained that when he was on Country, he experienced an environment which was conducive to the enhancement of social connections. Waypa talked about these social connections on Country as being favourable because he could also share and undertake Aboriginal cultural practices:

Just hanging with the boys. Like the men, and just go and do some stuff, and just, like, hunting kangaroo and getting some abalone and just chillin' and just, like, the release of testosterone, just biochemical mechanisms. (Waypa)

...you can't really divorce culture from Country, I don't think. (Triyina)

Nine of the men reported that a benefit of being on Country was the ability to undertake Aboriginal cultural practices. These enhanced their health and wellbeing domains of cultural and spiritual wellbeing and social connections. Waypa explained that, when spending time on Country, he was able to collect Aboriginal cultural foods like kangaroo, wallaby, or abalone. Similarly, some of the Aboriginal men, regardless of age, explained how undertaking the Tasmanian Aboriginal cultural practice of muttonbirding was good for their cultural and spiritual wellbeing, and other domains of health and wellbeing:

Mate, muttonbirding is good for your health, because it's the most physical work by the time you start to the time you finish because your body's moving almost 24/7. (Pulali)

Try to encourage our younger ones to try and get into their culture, which is a very important culture, muttonbirding. (Pulali)

I think of that when I eat traditional foods, like a muttonbird or a wallaby, like I'm taking on part of that being into my body. (Pulawini)

In addition to collecting Aboriginal cultural foods while taking part in the nature-based therapy, most of the men also mentioned other practices, including collecting materials and resources to make cultural items such as waddies, clapsticks, and spears. Nita explained that, for some of the younger Aboriginal men, this may have been their first

time making these Aboriginal cultural items or learning how to make them using particular methods:

Seeing guys never making a waddie or clapsticks before and then they keep doing it, it just inspires them which I think is pretty powerful. (Nita)

I'd definitely say connection to country and culture improves health. (Pakara)

All the men considered the ability to integrate Country and Aboriginal cultural practices into the nature-based therapeutic program to be favourable. The men felt that participating in a wellbeing program that integrated Country and Aboriginal cultural practices aligned with their worldview as Aboriginal people, while alternative approaches to health and wellbeing, such as traditional Western counselling sessions, were not able to provide benefits to Aboriginal domains of health and wellbeing like cultural and spiritual wellbeing.

7.6 Social connections

All 11 participants discussed with enthusiasm their ability to create new or enhance already established social connections. During the 'Our Way on Country' program, approximately 40 Aboriginal men from across Tasmania participated in one or more activities (Adventure Works 2016b). These participants ranged in age from 18 to 65 years. There were also some children and siblings (under the age of 18) who attended some daytrip activities or evening events. The Aboriginal men that participated in the 'Our Way on Country' program come from a variety of different class and educational backgrounds, but all were proud of their Aboriginality and membership of the Tasmanian Aboriginal community. This was a key factor in the strong social connections formed during the program cited by the interviewees.

The Aboriginal men undertook a variety of different activities during the 'Our Way on Country' program which contributed to providing an environment for the facilitation

of healthy social connections. To successfully undertake the program activities, the men were often required to effectively communicate, work together, support each other, and share humour when faced with challenges:

Oh, they were really good trips, you know. I learnt a lot, going out on trips with the other boys. (Pinungana)

It makes you feel good when you start telling a story and make people laugh, it really does. That's how I look at it anyway. (Lakarana)

All 11 reported these social connections contributed to heightened levels of health and wellbeing, which were reflected in the positive way in which the men spoke of each other and their time together. For the men, these social connections were a combination of new friendships, rekindled older friendships, and enhanced existing friendships. Throughout the 'Our Way on Country' program, a sense of 'brotherhood'¹⁵ grew among the men:

You can also process your things, and you have the ability to do it in a more relaxed setting, I suppose. You're just talking with other men and they're just naturally gonna ask how you are. (Pakara)

Being on the program, it made me feel better. Cause I was a bit mad there, I was staying in the house all the time. But ole man, if you can get out the house and knock around with the men a few times, it does make you feel good. (Lakarana)

The social connections between the Aboriginal men in the 'Our Way on Country' program evoked a range of positive emotions, including feeling good, laughing, feeling supported, and sharing excitement. For Pakara, being around other Aboriginal men,

¹⁵ This sense of 'brotherhood' is different from Western conceptualisations; it goes deeper. It acknowledges the difficult backgrounds and upbringings which have been experienced by many Aboriginal people and how these affect our lives today. Having an understanding of these difficulties contributes to a sense of camaraderie among Aboriginal men, and the need to provide support to each other when experiencing difficulties. The kinship amongst Aboriginal men, and the similarities in worldviews (inclusive of epistemology, ontology, and axiology) also contribute to the idea of 'brotherhood'. See also McCoy (2008) on the concept of 'holding men'.

sharing stories and having meaningful conversations was important for his health and wellbeing, and contributed to him feeling relaxed. Similarly, for Lakarana, getting out of the house and his regular environment and spending time with other Aboriginal men contributed to him feeling positive, and this enhanced his health and wellbeing.

All of the men shared stories and yarns from their time participating in the ‘Our Way on Country’ program. Generally, these stories recounted humorous things that happened during the nature-based therapy, or discussed events which led to significant personal growth such as learning an aspect of their Aboriginal culture for the first time, or successful completion of their first abseil. Nita, one of the younger Aboriginal men, shared a humorous story about a cooking mishap during one of the program’s evening events. He laughed as he told the story:

*Yeah! Don’t let me cook garlic bread, as I’ve burnt it and you can draw with it.
So, they’ll never let me live that one down. (Nita)*

Another of the men, Lakarana, shared how, during one of the three-day camping trips at Larapuna (Eddystone Point), the men all slept outside after deciding the house was haunted:

We stayed in the house that was haunted and there was only three of us that stayed in the house the next night and the rest of ‘em all slept outside, including yourself [the author]! ‘Cause everyone thought the house was haunted, I think it was haunted, ‘cause we heard a few things that weren’t there but, you know, these things happen. (Lakarana)

Overall, all 11 men spoke favourably of the ‘Our Way on Country’ program contributing to the enhancement of their social connections. The program contributed to the development of new friendships, renewal of older friendships, and growth of existing friendships. These social connections contributed to positive sentiments, such as feeling supported and being encouraged to grow, exchanging stories and yarns, sharing humour, and creating a sense of ‘brotherhood’ among the Aboriginal men. The

healthy sense of brotherhood with other Aboriginal men during the nature-based therapy program directly contributed to the enhancement of the social connections domain of health and wellbeing (see Chapter 8).

7.7 Space for Indigenous masculinity

The idea of space for Indigenous masculinity was discussed by six of the 11 Aboriginal men, two of the older group and four of the younger. For these men, participating in the nature-based therapy afforded space away from Australian settler-society (see Wolfe (1999)). This was important, because having their own space provided them with greater freedom for the expression of Indigenous masculinity.

In Australia, since the beginning of settler colonialism in 1788, settler-society has marginalised behaviours, attitudes, and values not considered Western European. For Aboriginal men, this has generally resulted in the marginalisation of their masculinities (see Chapter 4). When participating in the program, the men were provided with space during the day trips, evening events, and three-day camps on Country. This space helped them in three important ways: (i) it allowed them to get away from stresses in their daily lives; (ii) provided them with a healthy environment; and (iii) allowed them to freely express themselves without the worry of being marginalised by settler society.

Waypa, one of the younger men, explained the importance of having space away from his daily life in settler society. For him, the nature-based therapy provided him with freedom “*to get away from unhealthy practices*” in his daily life. By being in a different environment, he had more time and energy to reflect on himself, which led to feelings of increased health and wellbeing:

Because this is the true thing, that's why it's successful, is it gives the men space and time to actually get out of their mainstream lives, just get out of their lives.
(Waypa)

Generally, the Aboriginal men were marginalised because of their Aboriginal male identity when in settler society (see Chapter 9). This marginalisation occurred when the Aboriginal men expressed aspects of their worldview, such as by undertaking Aboriginal cultural practices (like making cultural tools or using ochre to paint their skin), telling yarns or stories about Aboriginal life, or expressing their opinions. Often, this Aboriginal masculinity did not align with notions of settler-colonial hegemonic masculinity, and was marginalised. Therefore, having space for their Aboriginal masculinity was important to the men openly expressing themselves during the nature-based therapy:

For me, it was a time and space to get away from unhealthy practices that I do when I'm at home. So at times, basically when you get away from people that are around you and you can just put as much energy into looking at yourself and just making you feel better. (Waypa)

Takila, another of the younger men, explained that his 'brother' (fellow Aboriginal man) who participated in the nature-based therapeutic program, needed the space away from settler society for his wellbeing. If his brother had not participated in the program, his health may have suffered, and he may not have gotten through university. Having space away from settler-society through participation in nature-based therapy allowed his brother to heal, and it also enhanced his social connections:

Yeah, it definitely did improve my health like you wouldn't expect. Like social connections and just talking and making cultural objects. I think it improved my brother's health, too. Because he said that space and the involvement for him was really healing, just because it got him out of the head space of uni, and he said it was practically the reason that he got through uni was because he had people supporting him. (Takila)

Takila continued to say that it was not only the direct effects of having space on Country when taking part in nature-based therapy, but the flow-on effects afterwards that were beneficial. For him, the benefits of having space away from Australian

settler-society, and being with other Aboriginal men on Country in a healthy social environment, contributed to creating a sense of brotherhood among the Aboriginal men. This growth on Country includes key components of Indigenous masculinity, such as learning Aboriginal male cultural practices (i.e. making tools, and learning dances), and learning Aboriginal male values, behaviours, and attitudes (i.e. creating a sense of brotherhood):

I think not only the space of being out on Country and doing Bush Adventure Therapy, it's the flow-on effects that happen after that through the social environments are some of the most important benefits for health, I think. (Takila)

Overall, six of the 11 Aboriginal men discussed the concept of space for Indigenous masculinity afforded by the nature-based therapy program. Space was important for two key reasons. First, it allowed the Aboriginal men to get away from their daily lives and unhealthy practices. Second, having space away from settler society provided an environment where the men felt safe from marginalisation and could openly express Aboriginal masculinity. Because settler society and hegemonic masculinity marginalise Aboriginal manliness, the men were able to share Aboriginal male cultural practices without negative repercussions and create a sense of 'brotherhood' in the space that nature-based therapy offered. Having health and wellbeing programs which allow Aboriginal men space away from settler society, and space to express their Indigenous masculinity, is a key component of improving health and wellbeing.

7.8 Conclusion

In conclusion, this chapter has explored the overarching theme of 'nature-based therapy'. The 'Our Way on Country' program, delivered between February and August 2016 in partnership between Aboriginal men from the Tasmanian Aboriginal community, Karadi Aboriginal Corporation, and Adventure Works. Approximately 40 Aboriginal men participated in at least one of the seven adventure day activities, seven

evening events, or three three-day camps. These activities consisted of Aboriginal-specific activities (i.e. Aboriginal cultural practices and being on Country) and non-Indigenous-specific activities (i.e. kayaking and abseiling), and were held on land which had been returned to the Tasmanian Aboriginal community, as well as land still ‘owned’ by the settler state.

The five sub-themes of nature-based therapy were then detailed: conceptualisation, health and wellbeing, Country and culture, social connections, and space for Indigenous masculinity. The participant suggested the conceptualisation of nature-based therapy is a traditional Aboriginal approach to enhancing health and wellbeing. During the delivery of the ‘Our Way on Country’ program, the term ‘Bush Adventure Therapy’ was used, and some of the men felt this was problematic because it overlooks Aboriginal epistemes and ontological relationships to the land. The power of language and its importance was discussed in relation to Indigenous society and the ongoing process of settler colonialism. To assist in alleviating these tensions, the term ‘Back on Country Men’s Health Trips’ or similar was suggested as a more accurate alternative to describe the health and wellbeing program the men had participated in.

At a meso and macro level, these sub-themes suggest Aboriginal men need to have greater influence on design and implementation of their health and wellbeing programs. At the meso level, this is similar to the argument made by Canuto et al. (2018), that organisations need to consider how they are actively working towards engaging Aboriginal (and Torres Strait Islander) men, rather than labelling them as ‘hard to reach’ service users. At the macro level, Aboriginal men need to be involved in policies and initiatives pertaining to their health and wellbeing, such as ‘Closing the Gap’ (Closing the Gap 2020). This aligns with a number of principles developed by the Australian Department of Health and Ageing (2010) in the *National Aboriginal and Torres Strait Islander Male Health Framework—Revised Guiding Principles*.

The participation of Aboriginal men in nature-based therapy had four key benefits. All 11 of the men discussed the holistic benefits the nature-based therapeutic program had for their health and wellbeing. Most of the men identified two or more domains of health and wellbeing that were enhanced by their participation in the program. Generally, the older Aboriginal men talked more about the benefits to their physical health, and the younger about benefits to physical and mental health. All 11 men discussed the nature-based therapy program providing some benefit in the domain of cultural and spiritual wellbeing, and all 11 also discussed their ability to enhance healthy social connections during the program.

All of the Aboriginal men enthusiastically discussed the ability to spend time on Country and undertake Aboriginal cultural practices. All the men explained that Country and Aboriginal culture are a vital component of their identity as Aboriginal people, and its importance to meaningfully fulfilling their cultural and spiritual domain of health and wellbeing. The 'Our Way on Country' program held day trips and camps on land which had been returned to the Tasmanian Aboriginal community. Irapuna and Putalina were used to exemplify the significance of connecting to Country, and how this is ontologically different from Western notions of spending time in nature.

For the Aboriginal men, spending time connecting with Country was undertaken together as a collective of men, or individually. As a collective, the Aboriginal men shared stories (both historical and contemporary) about the Country, and also shared Aboriginal cultural practices which may be specific to that area. Connecting individually could involve sitting by a warm fire, spending time alone away from others, or doing a range of activities, such as reflecting on that Country's story, their ancestral connections to the Country, and enjoying quiet time by themselves and breathing fresh air. The men talked about these various collective and individual ways of connecting with Country as contributing to their health and wellbeing.

Most of the Aboriginal men discussed how they were able to undertake Aboriginal cultural practices during the nature-based therapeutic program. These Aboriginal cultural practices included the collection of cultural foods, such as kangaroo, wallaby, and abalone. Other cultural practices included collecting resources and materials to make cultural tools, like waddies, clapsticks, and spears. By participating in a health and wellbeing program which integrated Country and Aboriginal cultural practices, the men said that this aligned with their worldview as Aboriginal people, while Western approaches to health and wellbeing, such as counselling in an office setting, are not able to provide benefits to domains of health and wellbeing like cultural and spiritual wellbeing.

All 11 of the men favourably discussed their ability to create new or enhance already established social connections. The program led to the foundation and enhancement of social connections, which contributed to positive sentiments like feeling supported and being encouraged to grow, exchanging stories and yarns, sharing humour, and creating a sense of brotherhood among the Aboriginal men. The healthy social connections and sense of brotherhood established during the nature-based therapy program directly contributed to the enhancement of the health and wellbeing domain of social connections.

During the nature-based therapeutic program, six of the 11 Aboriginal men discussed the benefits of having space away from Australian settler society. First, having space away from settler society provided an environment where the men felt safe from marginalisation and could openly express Aboriginal masculinity. Because settler society marginalises Aboriginal manliness, the men were able to share Aboriginal male cultural practices without negative repercussions and create a sense of 'brotherhood' during the program. Second, space allowed the Aboriginal men to get away from their daily lives and unhealthy practices. Having health and wellbeing programs which

allow Aboriginal men space away from settler society, and space to express their Indigenous masculinity, is a key requirement of enhanced health and wellbeing.

This chapter explored the first over-arching theme of ‘nature-based therapy’. The next chapter details the second over-arching theme of ‘health and wellbeing’, key benefits of nature-based therapy for Aboriginal men.

Chapter 8 – Findings: “You’ve gotta be holistic about it”—The Health and Wellbeing of Aboriginal Men in Southern Tasmania

8.1 Introduction

This second results chapter uses data from the qualitative study to explore how Aboriginal men in Southern Tasmania understand and experience their health and wellbeing. The overarching theme of health and wellbeing consists of five interconnected sub-themes: holistic approach, physical health, mental health, cultural and spiritual wellbeing, and social connections. For these men to achieve and maintain their health and wellbeing, each domain requires adequate attention and care. By using a holistic approach, the requirements of each domain can be adequately considered, while ongoing difficulties arising from settler colonialism can begin to be addressed. By correctly understanding these health and wellbeing needs, those collaborating with Aboriginal men across micro-, meso-, and macro-level contexts are able to provide better services.

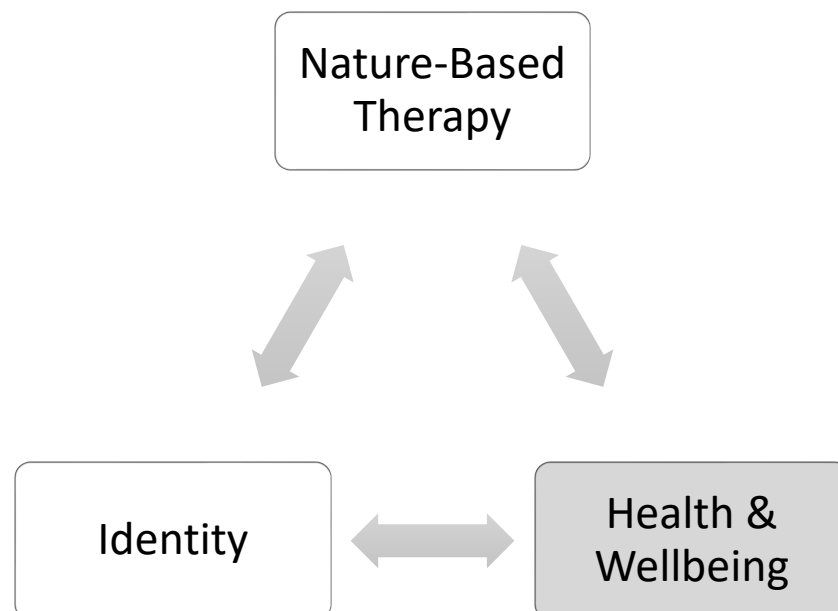


Figure 8.1 Nature-based therapy and Aboriginal men in Southern Tasmania thematic analysis

This chapter's overarching theme of health and wellbeing is interconnected with the themes of nature-based therapy (Chapter 7), and identity (Chapter 9). The malleability of nature-based therapy programs means they can be tailored to meet the health and wellbeing needs of participants. For example, the holistic domain of the men's health and wellbeing could be addressed using nature-based therapy. Domains such as physical health, mental health, and cultural and spiritual wellbeing were able to be simultaneously addressed by undertaking a day trip on Country integrating Aboriginal cultural practices. The exact effects of nature-based therapy for the 11 participants in this study are discussed further in Chapter 7.

Similarly, when exploring the Aboriginal men's understanding of their own health and wellbeing, they talked about key components such as being on Country and its relationship to cultural and spiritual wellbeing. Without being able to connect with Country and practice their Aboriginal culture, many of the men did not consider themselves to have their wellbeing. Thus, having the ability to connect with Country and undertake Aboriginal cultural practices contributed to the men experiencing an overall improved level of health and wellbeing; which is connected with identity.

This chapter begins with a brief summary of each of the five key components, and then provides longer, more detailed accounts.



Figure 8.2 Thematic analysis of domains of health and wellbeing of Aboriginal men in Southern Tasmania

8.1.1 Holistic approach

The interviewees discussed the importance of using a holistic approach to improving health and wellbeing. Without a holistic approach, and each of the four domains of physical health, mental health, cultural and spiritual wellbeing, and social connections being adequately addressed, the men did not consider themselves healthy. Additionally, holistic approaches to health and wellbeing allowed for issues stemming from settler colonialism (i.e. the social determinants of health (Carson et al. 2007; Marmot 2005)) to begin to be dealt with.

8.1.2 Physical health

The men generally reported their health as good during their teenage years then progressively declining as they aged. Good physical health during their youth was

attributed to a variety of factors, such as participation in organised sport, having time to undertake physical activities, and the consumption of traditional Tasmanian Aboriginal foods (such as muttonbird). The men reported that their ability to undertake these activities diminished as they aged, and their physical health declined. The men also reported that activities such as drinking alcohol and smoking cigarettes contributed to their poorer physical health.

8.1.3 Mental health

For mental health, the link between the three overarching themes of identity, health and wellbeing, and nature-based therapy becomes more apparent. Participants who discussed poor mental health attributed this in part to components of their Aboriginal identity, such as being part of an Indigenous minority in a settler state, settler colonialism itself, transgenerational trauma, and loss of Indigenous culture (see Chapter 9). However, to improve their mental health, participants believed that engaging in activities linked to their Indigenous identity, such as being on Country and practising Aboriginal culture, were best. This preference for Indigenous approaches (see Chapter 7) to improve mental health highlights ongoing tensions with the settler state health system, which is dominated by Western approaches.

8.1.4 Cultural and spiritual wellbeing

All 11 men identified participation in Aboriginal cultural activities and being able to get on Country as components of their cultural and spiritual wellbeing. Several younger and older men discussed the importance of muttonbirding, making Aboriginal cultural items, and participating in events and ceremonies. While being able to spend time in nature and on Country also contributed to achieving or maintaining heightened levels of cultural and spiritual wellbeing, the reverse was also true, and this could then negatively affect other domains of health and wellbeing, including mental health.

8.1.5 Social connections

All 11 participants said that developing, maintaining, and strengthening social connections are a component of good health and wellbeing. By having healthy social connections, the men have an avenue to share positive and negative experiences, seek advice, and facilitate friendship. The ability to have social connections with other Aboriginal men allowed them to discuss specific issues of Indigenous male identity in a settler-colonial society. Organised services, such as the Karadi Aboriginal Corporation's Aboriginal Men's Group or the nature-based therapeutic program, provided a structured way to enhance their social connections.

This Chapter now details the theme of health and wellbeing and its five interconnected sub-themes.

8.2 Holistic approach

Most of the 11 Aboriginal men described the holistic approach they applied to understanding health and wellbeing. The need to be healthy across domains such as physical health, mental health, cultural and spiritual wellbeing, and having strong social connections is how the Aboriginal men interpreted their overall health. For example:

Yep, I think you've gotta be holistic about it and not look at one problem as if it's separate from other problems. For example, mental health, you can try and fix the issues, like if you've got anger issues or depression, you can try and fix that at the surface, but you've gotta get to the root problem, or the root cause, and you have to understand that before you can properly address or manage it.
(Pulawini)

Most of the men gave similar responses, emphasising the importance of the holistic approach to health and wellbeing. The use of a holistic approach to understanding their own health and wellbeing, and that of other people, centred on allowing interconnected domains to be addressed. Having good health in one domain, such as physical health,

does not translate to being healthy overall. Rather, each domain of health and wellbeing needed to be adequately addressed and maintained for most of the men to consider themselves to be in good health.

Taking a holistic approach to health and wellbeing also allowed for the consideration of broader social factors, like acknowledging the impact of settler colonialism and the continued role this plays in the health and wellbeing of Aboriginal people. For example, because of colonisation, the ability of Aboriginal men in Tasmania to connect with Country and practise their Aboriginal culture is reduced. Many of the men believed practising Indigenous culture and maintaining a connection to Country to be “essential” to the health and wellbeing of Aboriginal people:

It has to do with the history of Australia, such as colonisation, dispossession, the mistreatment and decimation of Country, all those things together. I'd definitely say connection to country and culture improves health. I think this whole interview has sort of been... we've gone into depths as to why that is the case. I think it's essential to improve Aboriginal people's health and probably everyone's health, to be honest. (Pulawini)

Mate, muttonbirding is good for your health, because it's the most physical work by the time you start to the time you finish, because your body's moving almost 24/7. (Pulali)

Western medicine doesn't fix certain things that they're actually looking for, you know, some of the things they're lacking is actually their connection to Country. It's the disposition of their culture and stuff like that, so no counselling or shit like that, that actually, a lot of that is actually re-confirming and boxing in the colonial barriers that that is given the problem. (Triyina)

As the participants said, taking a holistic approach to health and wellbeing allows for multiple social factors to be considered. For example, viewing health in relation to social structures such as settler colonialism allows for a more accurate representation of Aboriginal health and wellbeing experiences. Western bio-medical approaches are generally focused on a fixed point in time (i.e. the here and now). For the men,

acknowledging, and understanding components of the Australian settler-colonial state that harm Aboriginal people allows for more informed understandings and responses to health and wellbeing problems.

Note that some of the men also mentioned how they thought the health and wellbeing of non-Indigenous people could benefit from a more holistic approach. By non-Indigenous people getting on Country,¹⁶ spending time outdoors, and just being in nature, their health and wellbeing may too be enhanced.

The holistic approach to health and wellbeing preferred by the Aboriginal men in the qualitative study aligns with existing research, both nationally and internationally among CANZUS state Indigenous men (Gee, Schultz, et al. 2014, pp. 55-57; Kidd 2013; Lachapelle, Dunnagan & Bird 2011). Importantly, the significance of holistic approaches is outlined in key policy documents and strategies pertaining to Aboriginal men (Australian Department of Health and Ageing 2013b; Department of Health and Ageing 2010). As discussed in Chapters 2 and 3, holistic approaches developed from an Indigenous worldview are important because, by itself, the Western bio-medical model of health does not adequately address how Aboriginal people conceptualise their health and wellbeing.

8.3 Physical health

All 11 Aboriginal men were asked to explore how their health and wellbeing had been when they were teenagers. The men said that their health had been relatively good. Good physical health was linked to activities such as organised sports like football and cricket, while others attributed their physical health as teenagers to consuming

¹⁶ 'Spending time in nature' may be a more accurate phrase, recognising the ontological differences between Indigenous and non-Indigenous understandings of Country.

traditional Tasmanian Aboriginal foods from the land, such as wallaby, kangaroo, abalone, and muttonbird:

So, my health during my teenage years was actually quite good. When you're eating kangaroo, wallaby, abalone, food that's very nutritious, usually good for you, and you have a very active lifestyle, and going outside all the time, which is what I was doing when living on a remote Aboriginal community in the middle of whoop-whoop [nowhere]. (name withheld)

Physically, I was pretty fit. I used to jog heaps and do lots of physical activity. As I kind of got older, I stopped doing that as I got more into my schooling. So I did lose a bit of my fitness, especially coming to university. That was a bit of a struggle, keeping up with the physical activity. (Pulawini)

I had good health during my teenage years. I played football, I played cricket. I didn't have any problems with me health until after I left school and after I stopped playing football then I started getting crook [sick], when I started drinking alcohol, too much alcohol and smoking. (name withheld)

My health in my teenage years was excellent. I played a lot of sport. I'm very good at any sports, especially cricket, football. Gradually as I got on in years, I thought me health was still good enough until the last few years, that's when I felt changes. (name withheld)

For most of the men, good physical health was sustained throughout their teenage years. They primarily attributed this physical health to healthier diets consisting of traditional Aboriginal foods and participation in organised sport.

However, this good physical health began to decline as they progressed into adulthood and continued to deteriorate as they aged. Name withheld attributed the decline in his physical health to drinking and smoking:

Ahh, physical health... yeah, I was fine. But I started smoking yarndi [marijuana] at age 13, umm... and then yeah, running around parks and drinking and everything from about 13 onwards. (Name withheld)

'Cause I was eating me culture food and I lived off the land where we grew up, so you live off your culture and that's it, and food you know all about, and you

come over here and there's all this other stuff, it's just... it's had this stuff injected into it, bloody oath you're gonna get crook. (Lakarna)

Overall, the Aboriginal men reported mostly positive physical health during their teenage years but this declined as they transitioned into adulthood. Participants described how keeping physically healthy as teenagers was possible through participation in organised sport, eating Tasmanian Aboriginal foods from the land, and active participation in Aboriginal culture. A decline in physical health was attributed to the consumption of substances such as alcohol, cigarettes, and marijuana, which was for experimentation, and also to self-medicate health and wellbeing problems they were experiencing. The transition into adulthood meant there was less time to continue the level of physical activity they had undertaken during their teenage years. Also, as they become adults, there were increased demands competing for their time, especially education and employment.

The men were then asked what their physical health had been like during the previous two years. Although there was a general decline in health since they were teenagers, the six younger Aboriginal men—aged 19 to 35—were not overly concerned. They were able to maintain an acceptable level of physical health through day-to-day events, participation in the workforce, and undertaking of Aboriginal cultural activities, such as dancing, or gathering food and resources:

[My health is] stable. I'm happy with my current health; I've got nothing wrong with me. I have bad habits, like smoking and whatnot, that will affect me. But, like, I still do a lot of activities and that. It was only a couple of weeks ago, I walked for an hour and a half in one day. (Triyina)

So, I've started smoking in probably the last three or four years and that hasn't helped my physical health. Probably also my mental health, as well. Physically, I mean I've started dancing a bit more, and working outside, which does lend to be, lend to be more fit. (Name withheld)

I'm lucky with the work that I do that it is outside work and it is physical labour, so I do keep active that way. But then outside of work, when I'm up for it, I do some of the outdoor rec [recreational] stuff, but other than that I kinda box myself up and just stay at home and just—I've isolated myself, so that's not good, and... beer! (Name withheld)

In the last two years, yeah pretty alright I'll say, but not the best. I've been studying the past three years, so I've noticed that my eating habits have definitely declined. I only have maybe two meals a day, maybe one big one, and one small one when I'm studying. Usually just because I push it more to the side when I'm studying and do so much, so that I don't really focus on anything apart from studying, so that's never really good, focusing on one aspect of life. But nothing that's directly affected me, just like, little bits of poor health. Just neglecting things, like going to the dentist or something for a few months where I could just do it within a week or something, it's just things that I pushed back. It's often my health over study or other commitments. (Name withheld)

The younger men considered not prioritising their health to be a problem. Their current life commitments meant that physical health was not given the time it required. Because of educational or employment obligations, some men were neglecting regular meals, and some days this meant they only ate once or twice. Although those that were not eating regular meals did not feel this was particularly serious, they still recognised it as a problem.

8.4 Mental health

All 11 participants discussed their mental health with varying levels of breadth, depth, and openness. In general, the six younger men were more comfortable to engage in discussions about mental health; they shared how they understood and rated their own mental health. The five older men were less forthcoming. This reluctance may have been influenced by perceived stigma and notions of 'strong' masculinity (i.e. 'real' men do not talk about their feelings). Alternatively, this may have been because of a lack of mental health literacy. The older Aboriginal men who were less forthcoming were not pressured.

For the six younger men, topics of discussion about their experiences of mental health ranged from difficulties dealing with stresses in everyday life and having depression and anxiety to the aftermath of someone close committing suicide. The willingness of the younger men to openly discuss their mental health was encouraging, and suggested there may have been a generational shift in attitudes among Aboriginal men:

Umm... mental health? Yeah, no good. I've just had my close friend suicide three years ago, and yeah, that really shook me, just with the sudden loss, so that just really.... yeah... kinda got so many unanswered questions, and the ifs, buts, and maybes of what I could have done and what we didn't do... yeah... a big, big loss... (Name withheld)

Another of the younger men discussed the difficulties for his own mental health after experiencing the suicide of a close friend. The suicide had been unexpected, and left a number of unanswered questions as to why the person had committed suicide, and if anything could have been done to prevent it. He reported that the suicide had dramatically harmed his own mental health, and that this was affecting his other domains of health and wellbeing:

Umm... mentally I've been up and down, I've had a few issues with depression and anxiety, it runs in the family and is part of the genetics I've been blessed with. But yeah, I wouldn't say that I've been unhealthy. (Name withheld)

Most of the younger Aboriginal men reported varying or consistently poor mental health. For example, one of the younger men described his mental health as having been up and down recently, and that he had been experiencing depression and anxiety. He attributed the lowered levels of mental health to a mixture of genetics and social factors (such as being an Aboriginal person whose identity is stigmatised). Most of the younger participants linked attributes of settler colonialism to their poor mental health.

One of the younger Aboriginal men discussed how transgenerational trauma had negatively affected his family, others in the Tasmanian Aboriginal community, and

Aboriginal people across Australia. The notion of transgenerational trauma is discussed further in Chapter 9, and is linked to the experiences of settler colonialism. This trauma can then be passed from one generation of Aboriginal people to the next. [Name withheld] shared a discussion regarding transgenerational trauma he had had with a trained health professional. He explained the Western health professionals were dismissive of the term ‘transgenerational trauma’, and had attributed his lack of understanding to his age:

For me I think that's what it is, realising the intergenerational trauma, because I've heard health people, mental health people, say there is no such thing as an intergenerational trauma, that it doesn't exist. I think you need to just live and experience the world if you don't see that. I think you just haven't even opened your eyes, just seeing the world for how other people experience it. But my response from that is that they think 'you're just a bit too young'. (Name withheld)

Most of the younger Aboriginal men discussed some component of what good mental health looks like and ways to achieve it. For example, one reflected on his lived experience of mental health as an Aboriginal man and used weather as a metaphor. For him, the weather was always sunny on Country:

When I'm out in the bush, my mental health, it— I like to think of my mental health as the climate. So sometimes you have good weather and bad weather, but the overall climate can go up and down as well, so when I'm out in the bush, the weather's good, but even if the climate's bad. So, when I'm out in the bush, there's no stress, there's no worries. Because you know that your people have been there and have had everything they've needed for thousands and thousands of years and there's no reason to worry when you're out there. But when you're in the city, you're in that environment where you've gotta be on time, you've gotta be going to the next thing, time is money kind of deal. (Pulawini)

8.5 Cultural and spiritual wellbeing

All 11 men discussed the importance of cultural and spiritual wellbeing to achieving and maintaining overall health and wellbeing as Aboriginal people. Cultural and spiritual wellbeing consisted of practising their Aboriginal culture, participating in Aboriginal events and ceremonies, and spending time on Country. For example, most of the men discussed how undertaking Aboriginal cultural activities, such as muttonbirding, and making Indigenous cultural items (like waddies, clapsticks, and spears), contributed to their feeling culturally fulfilled. Conversely, not practising their Aboriginal culture reduced their sense of cultural and spiritual wellbeing, and thus contributed to lower levels of health and wellbeing overall:

My knowledge, my health, muttonbirdin'; it's always been good for my health. I'll get out, I'll get fresh air, go bush, being in the bush and around sea, sea water or around the rocks. (Pulali)

Both the younger and older Aboriginal men discussed how cultural and spiritual wellbeing was interconnected with other domains of health. For example, [name withheld] described how being able to get on Country made his body feel relaxed (physical health), helped to clear his head (mental health), and gave him strength to keep going for the rest of the day (holistic health and wellbeing). Further, he believed spending time on Country assisted in calming his spirit (spiritual wellbeing). When he participated in the Tasmanian Aboriginal annual muttonbirding season, he was able to also spend time on Country and practise different aspects of his Aboriginal culture, which directly enhanced his cultural and spiritual wellbeing:

I reckon these things have helped me. When I'm on Country, I can think clearer, it helps my body to feel more relaxed, and I get a calm spirit from it. It brings strength to me spirit and that's what keeps me going for the rest of the day. I'm the sort of person that usually does that, and so I'll go for walks, or I'll go bush, I'll go take some time out. (Name withheld)

Yeah, being out on Country helps me physically, mentally, and spiritually.
(Muta)

The holistic health and wellbeing benefits of participating in the Tasmanian Aboriginal cultural practice of muttonbirding was discussed by about half of the men. Some said that participating in this cultural practice also contributed to improved spiritual wellbeing:

Yup, yeah, you're part of that story, like a continuation of that animal's spirit.
Like you take it on. (Pulawini)

Five of the men thought of themselves to some degree as custodians of Country. The discussion of Country and custodianship included the land, the animals, and other parts of the natural environment. However, without a healthy natural environment, it was becoming increasingly difficult to undertake this custodianship. Three of the younger men discussed the impact of climate change on muttonbirding. One in particular felt that climate change was already causing a decline in the number of muttonbirds, and was concerned for the future of the practice:

We all rely on the life support system that is the planet that is our mother. We are just one of the by-products of life on earth. That's the way that I see. It's just like an ant or a tree or a plant springs out of the earth, and his purpose in relation to the other elements of life on the surface of the earth. We do that as well, and I think our role of custodians of land, animals, and nature, to be gardeners that sort of influence the system in a way that hopefully facilitates our own survival, but facilitates the health of the planet, and that facilitates how healthy we can be. Because without the health of the planet, there's no way that we can be healthy. (Waypa)

All of the interviewees discussed to some degree the centrality of Aboriginal culture to maintaining holistic health and wellbeing. For about half of the men, their spirituality was in some way linked to their Indigenous culture and participation in these cultural practices. These cultural practices included activities like muttonbirding, making Aboriginal cultural items, and spending time on Country. Approximately half

the Aboriginal men expressed concerns about the future and barriers they may experience when practising their Indigenous culture. Three of the younger men were concerned about climate change and the impact this was having on cultural practices like muttonbirding. One of the older men believed he could not undertake many Aboriginal cultural practices because of the settler legal system, while another of the older men felt his ability to practise his culture and be on Country was greatly reduced by his declining physical health.

8.6 Social connections

Most of the men discussed the importance to health and wellbeing of having and maintaining good social connections. Heightened social connections were often discussed in relation to the concept of yarning. In addition to yarning with people in general, the importance of yarning with fellow Aboriginal men was often discussed as being a component of maintaining good social connections. For example, Pakara discussed how he enjoyed “*just having yarns*” with fellow Aboriginal men. Being able to talk about his life and share his feelings with other Aboriginal men because they may have similar experiences was an aspect of maintaining good health and wellbeing:

I guess just having a group of people there that I can go to every week and have a talk to about myself and how I'm feeling. I think the biggest component is having someone to talk with that's the same gender as you, that went through the same things as you, like being an Aboriginal person. They've had the same kind of experiences, whether they're older or younger. Everyone goes through the same things. (Pakara)

The ability to socialise with other Aboriginal men was identified by Pakara and Pulawini as being important to maintaining health and wellbeing. Pakara discussed how experiencing stress from being Aboriginal in a settler society was difficult, but that having the ability to discuss this with other Aboriginal men with similar experiences made him feel better. On the other hand, Pulawini said that, for him, a

benefit of having social connections with other Aboriginal men was learning about Indigenous cultural practices and Aboriginal knowledges. By learning he felt empowered as a younger Aboriginal man:

I think just the idea of coming together and sharing. I think for me, I'm a bit of a sponge. Every opportunity to learn, I take up. So that to me, that was kinda like all those old fellas, Uncles and Elders and everything that go along, these wealths of knowledge, I wanted to go along and get in and listen to what they had to say. Other than just connecting with all the other fellas and, you know, being stronger because of that. (Pulawini)

The process of developing social connections with other Aboriginal men was a way to transmit Indigenous cultural knowledge. The younger participants discussed how much they appreciated having more senior members and Elders to yarn with. These yarns allowed the transfer of cultural knowledge, such as stories and cultural practices. Having the opportunity to learn about their culture if they were palawa/pakana (Tasmanian Aboriginal), or the culture of the Country they were living on if they were from different mobs from mainland Australia, contributed to them being stronger Aboriginal men. This strength and growth also contributed to their overall health and wellbeing.

All of the men interviewed said they felt acceptance, and enjoyed being part of the Tasmanian Aboriginal community. The community provided them with the ability to form new social connections with other Aboriginal men (and women, and children), and to enhance existing social connections. The men felt a sense of brotherhood, specifically with other Aboriginal men in the community. Through these communal connections, most of the men, particularly the younger men, reported they could talk, learn about and share their Aboriginal culture. The social connections the men experienced through the Tasmanian Aboriginal community resulted in mostly positive experiences and memories:

Yeah, I've found a lot of acceptance, a lot of friendship and a lot of good times have come out of that, and my brother's really come into his own, too, by being involved in those groups. That's been helpful for me to see him involved in community, too, that I know has his back if I'm not there. So yeah, that's been my experience of my involvement in it. (Name withheld)

I just feel overall privileged to be a part of it, I guess, just to be accepted by some people and some people not so much. That's just how community goes back. I wouldn't say I loved one bit more than the next bit, but yeah. (Pakara)

My favourite part in it is also that sense of togetherness, I've got a lot of friends that are not Aboriginal and that they've only got their close set, 10 in their family or whatever. So, there's great aspects being within Aboriginal culture and what the Tasmanian Aboriginal community provide, these are the things that I love. (Triyina)

Additionally, a number of the men (both older and younger) talked about how important these social connections through the Tasmanian Aboriginal community were for their own health and wellbeing. For example, one explained that because he lived by himself, he needed good social connections to prevent him from going “crazy”. Being able to participate in an Aboriginal Men’s Group, or having the ability to undertake nature-based therapy with other Aboriginal men, benefited his health and wellbeing:

Yeah, because I live by myself, and I got a lot of spare time, and it gets very lonely, just being me and me dog all the time. I have to learn; I have to get out or else it just drives you crazy, four walls all the time. And yeah, I'm enjoy getting out. (Name withheld)

Overall, most of the men talked about the importance of social connections to maintaining good health and wellbeing. The men saw being socially connected with other Aboriginal men as favourable, because you can discuss issues which are specific to Aboriginal men in a settler-colonial state like Tasmania. Further, having social connections with fellow Aboriginal men meant that Indigenous culture could be shared, which contributed to feelings of wellbeing. Being connected to the Tasmanian

Aboriginal community and taking part in health and wellbeing programs specifically for Aboriginal men were factors that contributed to favourable social connections.

8.7 Conclusion

This chapter has explored the overarching theme of health and wellbeing and its five sub-themes: holistic approach, physical health, mental health, cultural and spiritual wellbeing, and social connections. For the Aboriginal men in this study, these five domains of health and wellbeing are interconnected, and each requires adequate attention for the achievement of overall health and wellbeing. While several of the men also suggested that a holistic approach to health and wellbeing allowed for factors linked to colonisation to be taken into consideration and addressed to some degree.

Most of the men reported elevated levels of physical and mental health during their teenage years. However, these declined as they aged. The decline in health was attributed to reduced ability to take part in activities such as organised sport and the collection and consumption of traditional Tasmanian Aboriginal foods. Alcohol and cigarette consumption were named as factors contributing to poor physical health, while for mental health, some participants linked poorer health to the processes of colonisation, such as transgenerational trauma, and being marginalised by settler-colonial society. This underlines the importance of taking a holistic approach to health and wellbeing, because it allows factors stemming from colonisation to begin to be acknowledged and addressed.

All 11 Aboriginal men discussed the need to maintain cultural and spiritual wellbeing as part of their overall health and wellbeing. For many of the men, this was achieved through participation in cultural activities like muttonbirding, making Aboriginal cultural items, and spending time on Country. Without the ability to do this, most men reported their overall levels of health and wellbeing were negatively impacted. The

final domain of health and wellbeing was having healthy social connections. A preference for social connections with other Aboriginal men was reported for two main reasons. Firstly, because fellow Aboriginal men understand the difficulties their fellow Aboriginal men experience in a settler society, such as discrimination or marginalisation. Secondly, because Aboriginal culture can be shared with fellow Aboriginal men; having greater knowledge of Aboriginal culture and the ability to take part in cultural practices contributes to improved health and wellbeing.

This chapter has explored qualitative data from the study with Aboriginal men and the second over-arching theme of 'health and wellbeing'. The next chapter continues the exploration of the qualitative study and details the third theme, 'identity'.

Chapter 9 – Findings: Aboriginal Resilience in a Settler-colonial State

9.1 Introduction

This chapter explores the third overarching theme: identity. Identity is central to how the participant Aboriginal men understand their lives as members of an Indigenous minority in a settler-colonial state. Because this Indigenous identity is marginalised by settler-colonial society, several of life's key areas are affected by this marginalisation: Aboriginality and culture, the ongoing effects of settler colonialism, masculinity, and education and employment. However, despite the obstacles experienced by these men, they manage to display resilience. In this chapter, I detail these components of identity for Aboriginal men in Southern Tasmania, building a narrative of their lived experience as members of an Indigenous minority in a settler-colonial society.

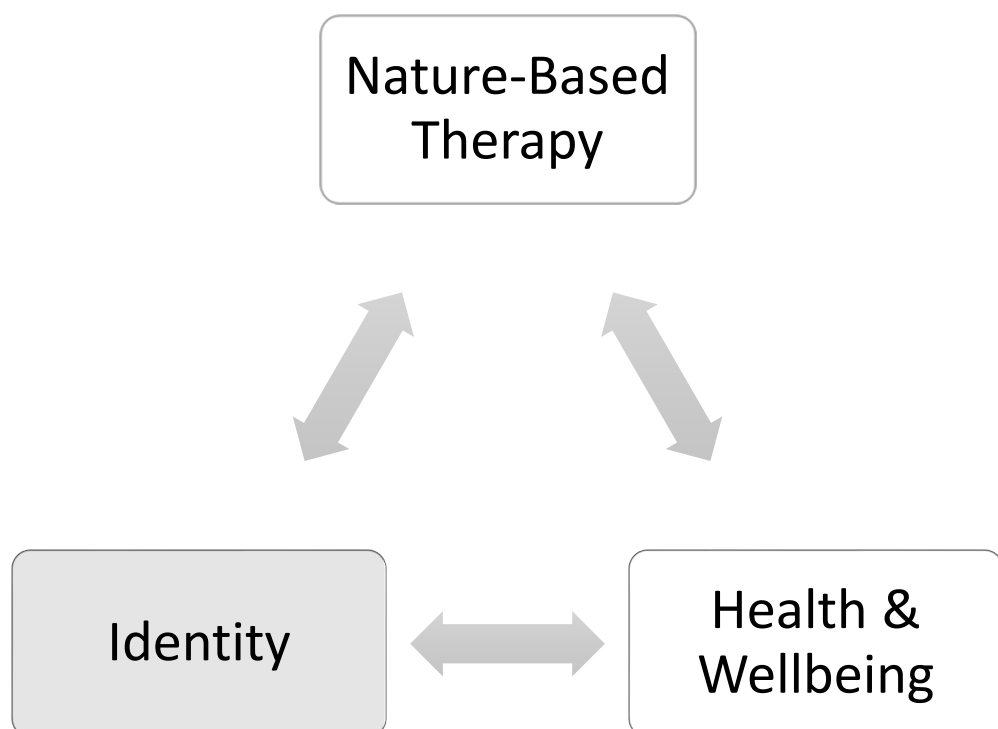


Figure 9.1 Thematic analysis of nature-based therapy and Aboriginal men in Southern Tasmania

As shown in Figure 9.1, and detailed in the previous two chapters, the three overarching themes—nature-based therapy, health and wellbeing, and identity—are interconnected. The theme of identity influences how the Aboriginal men understand and conceptualise their health and wellbeing. For the men, health and wellbeing is understood as holistic, and incorporates Indigenous culture and connecting with Country, for example. The health and wellbeing of the Aboriginal men was explored in detail in Chapter 8.

The theme of identity also shapes the men's experiences of participation in nature-based therapy. Depending on an individual or group's worldview, the way in which they engage with nature-based therapy and the types of activities they undertake will vary. For example, Aboriginal people may wish to undertake Indigenous-specific cultural activities, like connecting with Country. In contrast non-Indigenous people would not undertake such activities with the same intent. The malleability of nature-based therapy's design means that Aboriginal-specific cultural practices can be weaved into programs. The experiences of the Aboriginal men participating in nature-based therapy to enhance their health and wellbeing have been discussed in detail in Chapter 7.

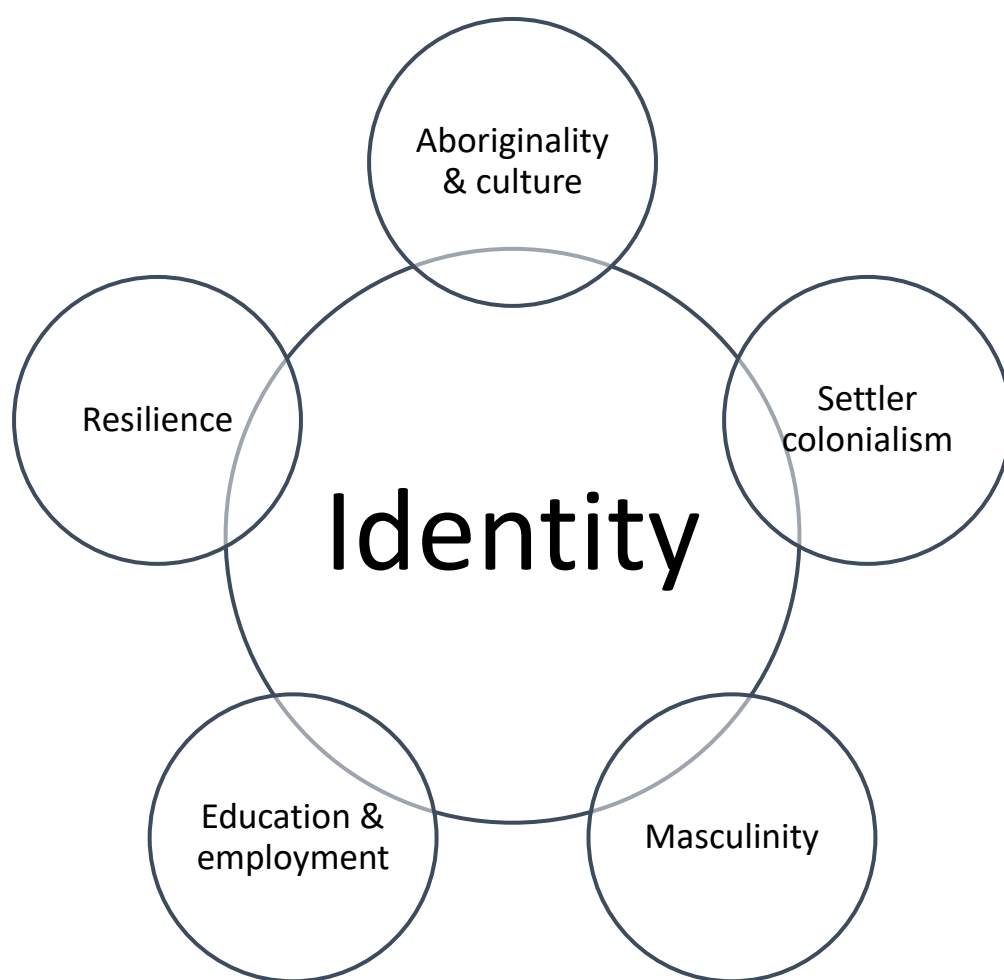


Figure 9.2 Thematic analysis of identity of Aboriginal men in Southern Tasmania

This chapter is divided into five sub-themes which form parts of the identity of Aboriginal men living as members of an Indigenous minority in a settler-colonial state. As illustrated in Figure 9.2, these themes are: Aboriginality and culture, settler colonialism, masculinity, education and employment, and resilience. Although the interviews manifested other aspects of identity, the themes to be discussed are pertinent, and arose when exploring the men's health and wellbeing, and their experiences participating in nature-based therapy. Through exploration of these themes, a narrative is built up to give the reader a sense of the men's lived experiences as members of an Indigenous minority in a settler-colonial state, how this shapes their health and wellbeing, and how participation in nature-based therapeutic programs enhances their health holistically.

9.1.1 Aboriginality and culture

All 11 research participants identified as Aboriginal: six as Tasmanian Aboriginal, and five with various mainland Indigenous groups. Each of the participants identified as being part of the Tasmanian Aboriginal community. The average age of the men was 37, and their ages ranged from 19 to 65. For all the men, their Aboriginality and Aboriginal culture were central to their identity and understanding of the world (inclusive of epistemes, ontology, and axiology). Most recognised how the ongoing event of colonisation is damaging and shaping their lives. These harms include those to themselves, their ancestors being placed on reserves or missions, experiencing transgenerational trauma, a loss of Indigenous culture, and the denial of Aboriginal identity.

9.1.2 Settler colonialism

Settler colonialism is an ongoing process under which settlers aim to dispossess and replace the Indigenous population of an area primarily for the economic benefit of the settlers (Watson 2009; Wolfe 1999). In Tasmania (and Australia), the process of settler colonialism has been particularly devastating. Settler-colonialism has harmed all the men in the qualitative study.

9.1.3 Masculinity

The influence and social construction of masculinity resulted in a dichotomy of positive and negative experiences for the 11 Aboriginal men. For some, it provided structure in their lives by providing a pathway for participation in Aboriginal cultural activities, narrowed employment choices, and gave a sense of connection with other men. In contrast, the construction of masculinity was considered problematic by four of the participants. This is because masculinity contributes to encouraging undesirable behaviours and attitudes among men, and negatively affects their health and wellbeing by pushing them to conceal their emotions. Further, three of the participants spoke of

Indigenous masculinity being marginalised by settler-colonial society when they expressed their Indigenous culture or worldviews.

9.1.4 Education and employment

The experiences of the Aboriginal men taking part in the settler education system and gaining and maintaining meaningful employment were mixed. Because of their Indigeneity, most of the 11 men expressed difficulties participating in the settler state primary and secondary education system. Older participants reported leaving school at an earlier age because of these difficulties, while encouragingly four of the six younger men shared their mostly positive experiences of undertaking tertiary level education. Being Aboriginal resulted in mixed experiences while undertaking employment. Seven of the men found fulfilling work through positions relating to their Aboriginal identity, while some experienced negative incidents and experienced discrimination because of their Aboriginal identity which impacted their health and wellbeing.

9.1.5 Resilience

Despite the difficulties experienced by the Aboriginal men because of colonisation and marginalisation by settler society, encouragingly all 11 Aboriginal men displayed resilience in their lives. This resilience included the use of humour by most of the 11 men when faced with adversity or stresses from everyday life. While all 11 men shared feelings of empowerment through participation in varying components of Aboriginal culture. This participation included involvement in Indigenous community events, collecting Tasmanian Aboriginal foods like muttonbirds, undertaking Aboriginal dances, and sharing cultural knowledge. This Chapter now details the five sub-themes of identity.

9.2 Aboriginality and culture

Since the 1830s, Australian settler-colonial society has used various measures of Aboriginality to categorise Aboriginal people. From the 1830s to 1950s, Aboriginality was initially measured by ‘blood-quantum’. This then changed to “definitions by race” from the 1960s to the 1970s (Gardiner-Garden 2003, pp. 3-5). In the 1980s, there was a significant shift in Aboriginal and Torres Strait Islander people having some self-determination on definitions of Indigeneity in Australia. The result was the development of the current measure of Aboriginality, known as the “three-part definition”, which consists of:

- i) Being of Aboriginal or Torres Strait Islander descent;
- ii) Self-identification as an Aboriginal or Torres Strait Islander person; and
- iii) Being accepted as such by the community in which he/she lives. (Gardiner-Garden 2003, p. 4)

The participants all proudly stated their Aboriginal descent. Six identified as palawa/pakana (Tasmanian Aboriginal), while the other five identified with various Australian mainland Aboriginal tribes or nations (specific names withheld to maintain confidentiality). All 11 participants self-identified as being Aboriginal men. and all identified their connection to the Tasmanian Aboriginal community. Some men also identified their connection with other Aboriginal communities on mainland Australia:

I'm well known in the Aboriginal community as an Elder, a respected Elder. People come to me for help, asking me about stuff that I like talking about. I like to help the young ones in the community if they need any information.
(Name withheld)

So, I come from the trawlwoolway pakana people in the North East coast of Tasmania. I've got five bloodlines back to the North East of Tassie and the Islands... I've been a very active member of the Tasmanian Aboriginal community... (Name withheld)

I'm part of the Tasmanian Aboriginal community. The Tasmanian Aboriginal community and their Elders are the mob that raised me. So, I identify as that's

my mob. My lineage comes from the [mainland Aboriginal] nation in [mainland State]. (Name withheld)

I'm a [mainland Aboriginal] man, my family is from [mainland Australia] in [mainland town], but I've been born and raised in Hobart. You know, having that connection, it's part of your identity as being an Aboriginal person, being able to connect to a place. (Name withheld)

All of the men proudly shared where their Aboriginality was from and how they were part of the Tasmanian Aboriginal community. This included referring directly to their clan's name or, more broadly, to the Aboriginal tribe or mob to which they belonged. Most participants discussed roles they held in the Tasmanian Aboriginal community, such as Elder (two older men), knowledge holder, well-known community member, or becoming part of the community in more recent years (three younger men).

One of the men described his enjoyment of fulfilling a leadership role within the Tasmanian Aboriginal community as an Elder. Providing information such as cultural knowledge and stories to younger Aboriginal people within the community is a component of this role, and carries important responsibilities. However, as an Aboriginal man, having the role of Elder and the responsibilities that went along with it made him proud. Conversely, the negative experience of being subjected to racism and denied his identity growing up as an Aboriginal person in Tasmania was difficult.

All of the Aboriginal men shared their keen interest in partaking in Aboriginal cultural activities. These included the collection of Tasmanian Aboriginal cultural foods, particularly muttonbirds, undertaking the making of Aboriginal cultural items like clapsticks, and participating in Aboriginal events and ceremonies. Six of the 11 discussed the Tasmanian Aboriginal cultural practice of muttonbirding. They described their participation in the annual muttonbirding season, the catching and processing of the muttonbird, consuming the muttonbird (including their hearts, which

gave one Tasmanian Aboriginal man a spiritual connection to his ancestors), and the holistic benefit the cultural practice provided to their health and wellbeing.

The muttonbird, or short-tailed shearwater, is a fascinating creature, and was mentioned by most of the Aboriginal men. The muttonbird has a long migration, flying from Tasmania to Siberia then returning during the breeding season to lay its eggs in burrow-nests close to the sea (Ryan 2012, p. 69). The largest muttonbird rookeries are on the Islands in Bass Strait between Tasmania and the mainland (Skira 1993), although they are also found in other areas, such as mainland Australia and Aotearoa/New Zealand. During the breeding season, Tasmanian Aboriginal people hunt the juvenile muttonbirds, primarily for its meat, although the bird has other uses. Interestingly, muttonbirds are also of cultural significance for Rakiura Māori in Aotearoa/New Zealand (Hunter, Moller & Kitson 2000):

Muttonbirding, it's just ya culture, and you know it's something special. We catch up with family members, like my cousins that we haven't seen for what feels like years. (Name withheld)

Muttonbirding, it's a spiritual thing, it's a cultural thing, it's a resource thing, it's a biochemical thing, it's a survival mechanism. It connects you to your ancestors, because a thousand years ago, possibly in the exact same burrow, one of the old people put their arm down there and caught a muttonbird. Then a thousand years previous from that connection to your ancestors doing the exact same thing, in the exactly same time of the year, and fuelling your body with those good vitamins and minerals ready for winter. (Waypa)

It's still something that we do to connect to our past. It's one year when a lot of family members come together. I think it's all we have, our unique muttonbirding history and our unique muttonbirding economy is one of those special things about the Tasmanian Aboriginal community that I enjoy. (Name withheld)

It's my culture, I've done a lot of muttonbirding, I started when I was [withheld] years old. But that still won't stop me from going back to visit and being there with them. I really don't have to do work these days, but... My knowledge, my

health, muttonbirdin', it's always been good for my health. I'll get out, I'll get fresh air, being in the bush and around sea, seawater, or around the rocks.
(Name withheld)

The annual muttonbirding season brings Tasmanian Aboriginal families together to share in a unique cultural activity. Through muttonbirding, some of the men were able to reunite and socialise with family members they may not have seen since the previous muttonbirding season, or for much longer. Even if unable to fully participate in the muttonbirding harvest, some men shared how they enjoyed returning to the muttonbird islands to socialise with family and friends, and to just be with them.

Several men discussed the holistic benefits of muttonbirding for the Tasmanian Aboriginal community. Not only is muttonbirding a cultural activity which brings Aboriginal people together, it can be good for physical and mental health, and for cultural and spiritual wellbeing. Waypa described a deep connection with his ancestors when muttonbirding, reflecting that his ancestors had practised it, at the same time of year, at the same place, for perhaps thousands of years. Another of the men shared how being outside, by the ocean with fresh air, surrounded by rocks and being with nature had always helped him to maintain his health and wellbeing.

9.3 Settler colonialism

In this thesis, I use Cox's (2017, p. 1) definition of settler colonialism:

Essentially hegemonic in scope, settler colonialism normalises the continuous settler occupation, exploiting lands and resources to which indigenous peoples have genealogical relationships. Settler colonialism includes interlocking forms of oppression, including racism, white supremacy, heteropatriarchy, and capitalism. This is because settler colonisers are Eurocentric and assume that European values with respect to ethnic, and therefore moral, superiority are inevitable and natural.

For all 11 Aboriginal men, the process of settler colonialism negatively affected their lives as an Indigenous minority living in a settler-colonial state. Six participants

reported the difficulties they or their families had experienced growing up and living on a reserve or in a mission as a result of settler-colonial policies. Five participants directly or indirectly mentioned the effects of transgenerational trauma which had been passed onto them through their families. Some of the additional negative by-products of colonisation described were racism, loss of culture, and denial of identity.

9.3.1 Reserves and missions

Across Australia, missions, reserves, and stations were established by settlers for Aboriginal people to be forcibly relocated to (AIATSIS 2019). In Tasmania, many Aboriginal people were placed at Wybalenna on Flinders Island, putalina (Oyster Cove), South of Hobart, and Cape Barren Island, where a reserve was established in 1881 (Ryan 2012, pp. 292-295). In addition to those living on the Cape Barren Island Reserve, Fanny Cochrane Smith and Dolly Dalrymple and their descendants were the only two documented Tasmanian Aboriginal people living on the mainland of Tasmania and not kept on a reserve (Ryan 2012). In the period 1920 to 1970, numerous Tasmanian Aboriginal families moved away from Cape Barren Island to mainland Tasmania.

Several of the men spoke of how the process of forcibly removing Aboriginal people and placing them on reserves and missions had shaped their identity:

It's important having some of the older men sharing stories of how they grew up on Cape Barren Island, or some of the hardships they endured, to the young ones. (Nita)

You know, it's a trickle-down effect from being a minority people forced onto an island for 70-odd years, Cape Barren Island, and on the reserve made to 1881 to the 1950s. Long periods of times of isolation from mainstream society and forcing and assimilating us out over a period of time. (Waypa)

One shared his father's disrupted upbringing on an Aboriginal mission in a remote location:

Now I do understand, probably, why he is the way he is, 'cause of the way he was brought up on the mission; very, very hard conditions that he endured. A fourth grade education and then sent out to work as a domestic on stations in Western Australia. (Name withheld)

Being deprived of an education reduced the ability of the last-quoted participant's father to attain employment and to provide opportunities to his family, if those opportunities cost money.

9.3.2 Transgenerational trauma

Four men discussed the negative transgenerational effects of settler colonialism on them and their family members. The particularly devastating story in Tasmania of the invasion by settlers and British Government military forces was discussed in detail by one participant. For a whole generation there were no Tasmanian Aboriginal men; they had all been killed. This meant that for a whole generation there were no Tasmanian Aboriginal men to transmit gender-specific cultural practices. The Tasmanian Aboriginal man felt this dramatically re-shaping of gender relations, and it has affected the future generations of Tasmanian Aboriginal men, and women, as well:

Okay, so in Tasmania, the men were killed, and the women were stolen. So that makes a huge intergenerational impact and the knock-on effect that applies to the men of today. (Name withheld)

So, you can see 200 years of men feeling lesser [since colonisation], like they've got less power and less control, and you can see that. You can see that plain as day; that's why all of our men have mental health issues and problems. (Name withheld)

So, I can just imagine the treatment he received, being denied his family, living in a dormitory and without his culture, his language, and his dances. It would have been hard, but yeah, I didn't have it easy either. (Name withheld)

Another aspect not discussed further by [name withheld] was Tasmanian Aboriginal women being stolen by European Sealers (Ryan 2012) and the impact this has had on the shaping of gendered roles and relations.

[Name withheld] explained the transgenerational impacts of settler colonialism on his family, and more broadly on Aboriginal people throughout Australia. His father grew up in a dormitory for Aboriginal young people in a remote location on mainland Australia. As a result, his father was restricted from having relationships with his own family, from practising his indigenous culture, from knowing his identity, and from undertaking education past Year 4. These harms experienced by the participant's father created an environment in which it was difficult for the participant to thrive as a child. He described this as transgenerational trauma, and highlighted its ongoing damage to his health and wellbeing.

9.3.3 Loss of culture

In Australia, the brutal process of settler colonialism on Aboriginal people has resulted in much Indigenous culture being lost. Depending on how colonisation affected an Aboriginal community and its people, the amount of cultural knowledge, practices, and language surviving and being passed down has varied. In Tasmania, the rapid progression of settler colonialism was particularly devastating to the Aboriginal population. The introduction of disease, targeted killings, and the systematic removal of all known Aboriginal people (except Dolly Dalrymple, Fanny Cochrane Smith, and their families; see Ryan 2012) from mainland Tasmania meant Tasmanian Aboriginal cultural practices were profoundly damaged. Although there has been a cultural revival in recent decades, the loss of Aboriginal culture in Tasmania is still felt:

It's just that it's been taken away from us by the white man, 'cause they're the ones that took it, we've only got one culture left and there's really nothing we can do, and that's muttonbirding. I can't even go and shoot kangaroo now, I can't even set a snare properly because I'll get into trouble, I will end up going

to court. It's like the white man give us and the white man take it away. (Name withheld)

We've lost a lot of our traditional roles, and with a loss of language and loss of culture, you have a loss of identity. Like when you systematically make sure every single man is killed so that there's no men's lore, that's what was done to Tassie, systematically no men's lore was passed on. (Name withheld)

Most of the participants identified to some degree the disruptive effect of settler colonialism on their ability to practise Aboriginal culture. One of the men expressed with frustration how colonisation meant no Tasmanian Aboriginal men's lore was passed to future generations. He believed the loss of traditional roles, loss of language, and of other cultural practices resulted in a loss of identity. Other researchers, such as McCoy (2008), have identified not passing on lore and Aboriginal culture as harmful to identity formation and subsequently to the health and wellbeing of Aboriginal men.

The participant shared his dissatisfaction with the imposed Western legal system, which restricts his ability to undertake the Aboriginal cultural practice of hunting. He blamed the coloniser for denying him access to his culture, and he felt powerless in the process against the forces of settler colonialism. Because of the imposed Western legal system, he felt that practising his culture would result in him being arrested and going to court. Of his cultural practices, the only one he felt was still accessible to Tasmanian Aboriginal men was muttonbirding.

9.3.4 Denial of identity

The particularly brutal colonisation process in Tasmania resulted in the proclamation by the settler-colonial government that all Tasmanian Aboriginal people had died. One participant mentioned the death of Truganini in 1876, after which her skeletal remains were displayed in the Tasmanian Museum in Hobart from 1904 to 1947 (Ryan 2012). However, the Cape Barren Island community still existed (as, too, did Dolly Dalrymple, Fanny Cochrane Smith, and their families), and in 1912 the *Cape Barren*

Island Reserve Act was signed into law. The Act reflects the legal contradictions of the time. One section said that the Islanders required special government regulations because they are Aboriginal, while another refused to recognise their race as Aboriginal (Ryan 2012, p. 296).

In addition to the Cape Barren Islanders, there were two other Aboriginal family groups living on mainland Tasmania. Fanny Cochrane Smith and her family, who lived South of Hobart and were recognised by the Tasmanian government, and Dolly Dalrymple, whose family was scattered across Northern Tasmania (Ryan 2012, p. 270). Despite this, the myth that Tasmanian Aboriginal people had been entirely wiped out has been difficult to shake.

The myth that Tasmanian Aboriginal people had died out was still being taught by the Tasmanian Education Department until recent times. One participant shared how, less than a decade ago, when he was at secondary school, it was still being taught that no Tasmanian Aboriginal people remained. Being taught this at school while being taught at home that you are Aboriginal is confusing. Identifying as a Tasmanian Aboriginal at school in spite of your fellow students being taught otherwise makes your identity contradictory, which must be difficult to comprehend as a young person:

Because even when I was at school, when I'm only young, and this wasn't too long ago, I was still taught that there were no Tasmanian Aboriginal people, even though in '95 that was when land was actually handed back to us, and that kind of was the government overturning that myth officially. (Pulawini)

Nita, whose Aboriginal family were from mainland Australia, spoke of a similar denial of identity. He believed that, through colonisation, the Australian government had systematically deprived Aboriginal people of their character. Detaching them from their family, their Country, and their culture all contributed to a loss of Indigenous identity. Nita felt this loss and subsequent denial to be “*very traumatic*”, and that it may be contributing to Aboriginal people’s worse health and wellbeing outcomes:

Because, you know, you're very lost in your identity if you don't know who you are and where you come from; that's a very traumatic thing. Not knowing your history, that's like losing a part of yourself. The Australian Governments, for a lot of years, that was their plan, it was to disconnect Aboriginal people from family, their country, and their culture. To try and breed us out, basically. (Nita)

Overall, the men all recognised the ongoing process of settler colonialism as being profoundly negative. Their experiences of settler colonialism included forced relocation to settler-designed reserves and missions, transgenerational trauma, the loss of Indigenous culture, and denial of Aboriginal identity. The destructive and enduring effects of settler colonialism form a component of contemporary Aboriginal identity throughout Australia. While the specific details of the story of colonisation were different for the Tasmanian Aboriginal men and those from mainland Australia, the damaging effect the process has had on their identity and health and wellbeing were thematically similar.

9.4 Masculinity

For all 11 of the Aboriginal men, masculinity formed a vital part of their identity. The historical narrative and the effect that colonisation has had on masculinity, specifically for Tasmanian Aboriginal men, was discussed in the previous section on 'Settler colonialism'. There was a whole generation with no Tasmanian Aboriginal men, and this resulted in an inability to pass on Tasmanian Aboriginal masculine traits and male-specific cultural practices. One of the Tasmanian Aboriginal men discussed this at length, suggesting that it still affects Tasmanian Aboriginal men and their masculinity today:

When you systematically make sure every single man is killed so that there's no men's lore, that's what was done to Tasmania, systematically no men's lore was passed on. So I think there is definitely an impact, impacts that do knock-on to today, and you can see them plain as day, that affect the men due to this trauma. (Name withheld)

In addition to the negative effects of colonisation on masculinity, the Aboriginal men also discussed the influences Aboriginal society, settler society, and contemporary Western culture have in shaping masculinity. This combination creates a mixture of masculine traits, values, and behaviours which the men viewed both positively and negatively. Among those looked on positively were its ability to create healthy male role models, and that it contributes to creating a sense of togetherness or brotherhood. Conversely, the negative aspects of masculinity include the influence of features of contemporary Western ‘hegemonic masculinity’ (see Connell (2005b)), such as the inability to express emotions for fear of negative repercussions:

It's just bringing back that sense of pride and creating positive role models and support for each other, as we've been brought up with the idea that blokes don't talk about their feelings, like bottling it up, and that it's weak to talk about your stuff and not to be okay. And so now were able to sit around the fire and we are able to discuss and open things up and know that everyone has respect and support. (Nita)

Nita discussed masculinity positively by identifying its ability to create cohesion or a sense of brotherhood. Having strong Aboriginal male role models proud of their identity can assist other Aboriginal men to grow strong, and improve their health and wellbeing. These role models can also help create a culturally safe environment in which to discuss problems with other Aboriginal men. Nita explained that the ability of masculinity to bring Aboriginal men together for positive outcomes was a powerful force.

Conversely, three of the younger Aboriginal men—Pulawini, Wapya and Takila—identified problematic components of masculinity in Western society and how this influences them as Aboriginal men. Being socialised into the belief that ‘strong’ males do not express their feelings was discussed. Internalising this belief was considered a component of toxic masculinity that negatively affected the men’s health and

wellbeing (Ford 2018). The other negative aspect of masculinity explored was how toxic masculine behaviours and attitudes can be amplified in an all-male environment, such as a men's group, and how this can make some men feel uncomfortable but powerless to challenge the behaviour. Pulawini spoke at length on this topic:

In modern times, in the Western culture we live in, there's a lot of toxic masculinity. I think that kind of has to be addressed, or at least people are aware of that when they go into these sessions. When you have an all-male environment, it can get quite a lot of testosterone and a bit gross. But I mean, that happens, but you got to know where the line is sometimes. So I can get a bit uncomfortable in certain situations, but nothing I can't handle and haven't handled before. But yeah, that's one consideration.

I think there's a lot going on within the media at the moment, and having those conversations about respecting women and respecting each other, and kind of understanding the underlying aggressions that are within society. So even without realising it, we have that male privilege. So I think understanding about it is important, and seeing things from other people's perspectives. So the way sometimes men treat women, they don't understand that they cop that all the time, so even if you're just having a laugh about something, that might actually be the straw that broke the camel's back for that woman.

Honestly, I could rant about this for ages, but I just mean, I think, and that goes both ways. So, when I was growing up, you know, whenever you'd cried, they'd be like 'oh, don't be such a sook, don't be a little sissy girl,' that kind of thing. That's part of that toxic masculinity. Men aren't allowed to be vulnerable or emotional or nurturing. So that's kind of what I'm talking about when I say I feel uncomfortable sometimes, like, I'm an emotional person, and if, if I'm made to feel like I'm not allowed to be open with that, then that's detrimental. Like if you don't talk about issues that are going on in your head, it's not healthy. Some of it is changing discreteness, like public discourse in the media and stuff, with people thinking about it a bit more, which is a good start, but I just keep these conversations going and pull people up [challenge people].

As Pulawini mentions, when men come together, the negative features of masculinity can be amplified, including disrespecting women, enacting male privilege to oppress others, and not feeling comfortable to freely express emotions considered 'unmanly'.

However, Pulawini believed that discussing the undesirable effects collectively as Aboriginal men may be a way of understanding and even overcoming them. Overall, masculinity is understood by Aboriginal men as having both positive and negative features which range in their influence on their identity and their health and wellbeing.

9.5 Education and employment

The types of education and employment the Aboriginal men currently or previously had taken part in played a role in shaping their identity and their health and wellbeing. All 11 had participated in the settler-colonial education system, and these experiences were a mixture of positive and negative. Most of the men described difficulties taking part in the education system and attributed these to their Indigeneity. The older participants reported leaving school at an early age as a result, while four of the six younger Aboriginal men shared mostly positive experiences in tertiary education:

Yeah, well, when I was on the mainland, me and my brother were the only Aboriginal students at the school, so it was definitely different going to one that had a few more than just me and him. So yeah, it was different. (Name withheld)

Because part of the journey of picking some subjects [at university] that really resonates with me was Indigenous studies, then into political science and other socio-political sorts of macrocosm view of the world to try and understand why the situation is the way that it is with Indigenous people in Australia. Now I feel like I'm joining some dots together and have a bit of an understanding, and know strategically what we need to do. (Name withheld)

When I came to university all confused and young and didn't know where to live while I studied my degree, and that was very last minute. Staff at the Riawunna Centre for Aboriginal Education directed me to an organisation, and then they would help me get into the health service, and then I also started going to national programs like the Indigenous summer camp. (Name withheld)

Most participants shared the difficulties of being a minority Aboriginal person in a settler state education system. This often became apparent to them when they or their family members were the only Aboriginal people within the school. Sometimes this

resulted in challenging encounters for them as young people, such as experiencing racism from classmates. These experiences added to existing difficulties in their lives.

The younger Aboriginal men who had the opportunity to undertake tertiary education felt empowered and liberated through their education, which included learning about politics, society, Indigenous studies, and other subjects. The Aboriginal men who had attended university reported having greater knowledge of their social positioning. This provided them with the opportunity to strategically challenge the settler-colonial system which harmed their lives and the lives of other Aboriginal people.

Following on from experiences of education, all of the men discussed some aspect of their participation in paid employment. Seven of the 11 participants found fulfilling work in positions related to their Aboriginal identity. A majority of the five older men were currently unemployed, on a disability pension, or had retired, while five of the six younger participants were engaged in the workforce, some casual, some part-time, some full-time:

I'm working, so I go out to schools and share bush knowledge and culture and history, and kind of teaching kids how to look after Country and each other. It's something I really enjoy doing, obviously. But what that's like, when you can go out into the bush and you use your hands, your eyes and your ears to connect, it's such a better way of learning. (Name withheld)

And that's the way it is when you work for places, they want to use you when they want to use you, but they don't want to use you when you want to be you. And so it's just one of those weird and interesting tightropes that Aboriginal people walk upon when working, and that's just one of the tenuous things that we've got to [do]. (Name withheld)

And it's one of the strategies to kind of stop it, is on Country men's health trips or health trips themselves. Or, as you call it now, the Bush Adventure Therapy trips. So that's one of those healing mechanisms, is being able to get away and get back on Country, and it's something that, to be perfectly honest, needs to be built into the employment of Aboriginal people. (Name withheld)

Most of the men, except for some of the older ones, discussed a range of current occupational positions they held. Often, this employment was related to their Aboriginal identity, and included educating others about their culture, working on or maintaining Country, and being in an Indigenous-identified position. The men were proud of their occupational identity, and expressed enjoyment in the ability to work with an aspect of their Aboriginal culture.

However, being an Aboriginal person employed by an organisation in an Indigenous-specific position can also, ironically, restrict expression of identity. At times, some of the men felt that their settler society workplaces did not want Aboriginal people to be ‘too Aboriginal’, instead that they only be Aboriginal to suit the workplace agenda. This places a restriction on the expression of self as an Aboriginal person, and, because of this, some men felt their jobs were damaging their health and wellbeing.

One of the men thought workplaces needed to weave health and wellbeing mechanisms into their roles. The health benefits ought to be culturally appropriate and gender-specific for Aboriginal men. The idea of on Country trips or camps (or nature-based therapy, Bush Adventure Therapy, etc.) was raised. Workplaces provide Western models of health and wellbeing assistance to their non-Indigenous employees, so why not Aboriginal models of health and wellbeing for Aboriginal employees, Name withheld wondered.

9.6 Resilience

Interestingly, all 11 interviewees displayed resilience, despite the hardships they endure as members of an Indigenous minority in a settler-colonial state. The aspects of resilience displayed by the men included the use of humour when discussing complicated and unsettling issues, parts of their lives where they felt empowered, pride in their Indigeneity, and accomplishments. This resilience radiated light and warmth,

which was in stark contrast to the men's dullness when talking about settler-colonisation, racism, loss of culture, and denial of identity.

All 11 could find humour in the everyday; four of the five older men shared amusing stories about muttonbirding or participating in other Aboriginal cultural activities. These stories would often turn unfortunate events into humorous ones. Some of the six younger men recalled comical stories from the nature-based therapeutic program (see Chapter 7). The use of humour when sharing difficult and challenging events from their lives signified resilience in the face of adversity:

It makes you feel good when you start telling a story and make people laugh, it really does, that's how I look at it anyway. (Lakarana)

I remember having a pretty good laugh regularly with those guys. I mean, we were constantly having epic yarns, really, because that is what we were doing, yarning up a story. Spinning that, spinning the yarn out of whatever material we had. (Takila)

Ahh we went fishing, we went on a fishing trip with Brian Mansell, which was excellent, but we got no fish. (Name withheld)

Our last camp to Bruny Island would be the best. The best laugh would have to be you and a couple of other lads falling out of the canoe so many times it was just like Comedy Central. I think it took you, what, Three or four attempts to get back in? (Muta)

The men recalled and reflected on many funny stories and fond memories from the nature-based therapy, and from everyday life. The positive feeling the use of humour can bring out in people was acknowledged by most of the men. Despite the many difficulties they have experienced because of settler colonialism, maintaining a positive outlook on life was crucial to their health and wellbeing.

9.6.1 Empowerment

During the interviews, all of the men discussed areas of their lives where they felt empowered. Empowerment came from their Indigenous identity, and the main area of

empowerment was participation in Aboriginal cultural activities, such as sharing knowledge with younger people and getting a sense of joy from seeing others learn their culture. Despite the difficulties associated with being an Aboriginal man in Southern Tasmania, the men were proud of their Indigeneity and drew resilience from it:

Just seeing some of these young ones, just really reconnecting with the community or coming into the community, or just connecting with culture. And seeing some of the older men feeling empowered and what they know and their Aboriginal knowledge is so valuable. So allowing them space and the time to share their knowledge was amazing. (Nita)

It made me feel pretty good. When you get positive feedback like that, it reinforces what you're doing and it makes you keep going. Not that I need help to keep going, but it's just, like, this added benefit, that little boost that the Elders are happy that you're doing something right. (Pulawini)

So, by being out on Country doing some activities, you make friends with people, and then that helps you by being involved in the community, then you feel like you've got more purpose because you are involved. You get into doing things like dancing and Nayri Niara [an Aboriginal culture event]. Even though they are nerve-racking, to take them on and to get through them, it's really empowering and liberating. (Name withheld)

All 11 men discussed the empowerment they received from participating in Aboriginal cultural activities. Pulawini, one of the younger men, described how recently sharing culture with some Aboriginal children had resulted in praise from an Elder. This encouraging feedback made him feel a 'boost' to his wellbeing, while another of the younger Aboriginal men shared that involvement with the Aboriginal community helped give him a sense of purpose and led to feelings of empowerment and heightened wellbeing. Despite the hardships experienced by the Aboriginal men as members of an Indigenous minority in a settler state, they still managed to display resilience and gain empowerment from their Indigenous identity.

9.7 Conclusion

This chapter has discussed the overarching theme of ‘identity’ drawn from 11 interviews with Aboriginal men in Southern Tasmania. The sub-themes of colonisation, Aboriginality and culture, masculinity, education and employment, and resilience were also explored. While the men’s identity has some similarities to the non-Indigenous population of Tasmania’s, it is not the same. Among the 11 Aboriginal male participants, there were a number of similar experiences. These included being proud of their identity despite the associated difficulties, such as racism and transgenerational trauma, while also relishing the opportunity to participate in Aboriginal cultural activities.

There were also differences, however, particularly between the older and younger men. The former had experienced more overt racism, particularly while participating in the education system. As a result, most of the older men reported leaving school early, while four of the six younger men were currently attending university. Most of the older men were not in paid employment, while five of the six younger men were employed.

The other main point of difference between the participants was in the experiences of colonisation of the six Tasmanian Aboriginal men compared to the five mainland Aboriginal men. Although there were similarities in terms of reserves and missions, transgenerational trauma and denial of identity, there were some notable differences: denial of identity appears to be worse for the Tasmanian Aboriginal men, magnified by the myth that all Tasmanian Aboriginal people had died. The other notable difference was the inability of Tasmanian Aboriginal men to pass on men’s lore, and the significant loss of Tasmanian Aboriginal culture.

Despite the difficulties associated with being an Aboriginal man in Southern Tasmania, the participants displayed resilience and strength. The resilience of most men was

evident in the use of humour to make light of difficult situations and experiences. The other aspect of resilience was the sense of empowerment the men received from practising their Aboriginal culture. All participants reported feeling empowered while undertaking cultural activities such as collecting foods, making cultural objects, being on Country, or participating in ceremonies.

This chapter has explored the third and final over-arching theme of ‘identity’ generated from the qualitative study with Aboriginal men. The theme has added to the thesis’ primary aim of developing a sociological and social work understanding of Aboriginal masculinity in Australia. This development of understanding of Aboriginal masculinity was done by exploring the ongoing impact of settler colonialism on Aboriginal men’s identities in Tasmania. The chapter has also contributed to the third aim of this thesis—providing a strengths-based narrative of Aboriginal men—by highlighting their resilience in a settler-colonial society.

I now move to the first of two previously published chapters which use data from the Longitudinal Study of Indigenous Children (LSIC). Chapter 10 considers three variables pertaining to Aboriginal (and Torres Strait Islander) fathers and the sharing of Indigenous culture with their children. According to Indigenous fathers, the transmission of Indigenous culture to their children is important to them growing up strong. As discussed in this chapter, Indigenous culture is a principal component of Aboriginal identity, and also contributes to resilience.

Chapter 10 – Findings: ‘Learning her culture and growing up strong’—Aboriginal and/or Torres Strait Islander Fathers, Children, and the Sharing of Culture

10.1 Preamble

The text of this chapter has been published in the *Journal of Sociology*. It has been edited to ensure consistency with the thesis, and minimally updated. The text was co-authored with Dr Michael A Guerzoni and Mr Huw Peacock. The publication details are as follows:

Prehn, J, Guerzoni, MA & Peacock, H 2020, ‘‘Learning her culture and growing up strong’: Aboriginal and/or Torres Strait Islander fathers, children and the sharing of culture’, *Journal of Sociology* [published online 6 July]. doi: 10.1177/1440783320934188.

This publication is attached as Appendix F.

This chapter contributes to the thesis by investigating nation-wide Aboriginal (and/or Torres Strait Islander¹⁷) fathering practices. It adds to the primary aim of the thesis, understanding Indigenous masculinity in Australia, by exploring how, from an Indigenous father’s perspective, cultural practices are shared with their children, and why Indigenous fathers believe this is important to helping their Aboriginal children grow up strong.

The third aim of this thesis, to provide a strengths-based narrative of Aboriginal men, also benefits from the inclusion of this investigation into Aboriginal fathering practices and the sharing of Indigenous culture. Aboriginal cultural practices are considered a source of resilience (Dockery 2010), and form part of a strengths-based narrative for Aboriginal fathers.

¹⁷ This paper refers to Aboriginal and/or Torres Strait Islander fathers and children; the term ‘Indigenous’ is also used throughout, and encompasses both.

10.2 Abstract

Indigenous fathers play a significant role in their children growing up strong. For Australia's Indigenous people, growing up strong includes the possession of health, education, and culture. This paper focuses on Indigenous fathers and how they understand the importance of sharing cultural activities with their children. We argue that the sharing of Indigenous cultural practices, and the subsequent telling of this narrative, are key enablers for Indigenous fathers to assist their families to flourish. We analyse qualitative data from the Longitudinal Study of Indigenous Children to explore what components/aspects of Indigenous culture fathers perceive will assist children to strongly mature, how culture is transmitted, and what barriers fathers face in this process. Results show that, according to participants, learning about culture, family and identity are components of helping children prosper, with collecting food the most common activity used to achieve this end.

10.3 Introduction

This paper explores the relationship between Indigenous fathering and the role of the sharing of culture in assisting Indigenous young people to grow up strong. This research seeks to explore what Australian Indigenous fathers believe to be within Indigenous culture that may assist their children to grow up strong, to identify practices these fathers undertake to pass on their culture as a means to this end, and what barriers participants perceive and experience in the modelling and bequeathing of their culture. Qualitative data sourced from the Longitudinal Study of Indigenous Children (LSIC) (Department of Social Services 2018) are analysed through a postcolonial framework (Hokowhitu 2007, 2015; Ouzgane & Coleman 1998; Stanovsky 2007). This approach prioritises the voice of Australian Indigenous fathers, using their narratives rather than those of colonists. We argue that the sharing of Indigenous cultural practices and Indigenous fathers' voices being heard are enabling Aboriginal fathers and their

families to heal from the negative effects of colonisation, and thus be empowered in fatherhood and everyday life.

Growing up strong can be said to occur where children have the ability to attain resources to develop resilience and achieve their goals, aspirations and dreams as they move through puberty into adulthood (Walter et al 2017). As Walter et al. (2017, p. 3) put it: “To grow up strong, Aboriginal and Torres Strait Islander children need to be strong in health, in education, in family, in culture, in their identity and in how they see their own place within Australian society.”

This is particularly important in situations where children are born into and raised in structural disadvantage (Walter, Dodson & Barnes 2017). For Aboriginal and/or Torres Strait Islander children, growing up strong includes immersion in culture and attention to the formation of identity (Martin 2017), education (Anderson et al. 2017), health (Lovett & Thurber 2017), and family (Walter 2017). These contexts are framed through an Indigenous worldview which, in remaining integrated with traditional culture, traditions and ontology, differs from Western understandings (Walter, Martin & Bodkin-Andrews 2017). Although there are many similarities between the Indigenous understanding of these concepts and normative non-Indigenous Australian definitions, there are also some notable differences in prioritisation. For example, for the Indigenous person, a ‘good education’ incorporates both the formation of academic skillsets and instruction in a rigorous curriculum, but also education towards, and integrated within, one’s community, as well as a greater emphasis on culture (Walter, Martin & Bodkin-Andrews 2017).

Indigenous children learning about their culture and identity has been shown to be valued by parents (Armstrong et al. 2012; Martin 2017). Both qualitative and quantitative studies of the LSIC have demonstrated the significance of culture in the formation of identity, values and knowledge (Colquhoun & Dockery 2012; Lovett

2017). Knowledge of identity and culture is associated with resilience, and can protect against risk factors (Lovett 2017). Much of the existing research has focused on Indigenous mothers and their children, while the role played by Indigenous fathers in parenting has received comparatively little attention (Dunbar & Scrimgeour 2017; Walter et al. 2017). Understanding is needed of Indigenous fathers and the contribution they make to their children learning Indigenous culture and traditional knowledge (Collard et al. 2016; Colquhoun & Dockery 2012; Martin 2017).

In Australia, there is a strong colonial discourse portraying Indigenous men as alcoholics, low-achievers, incompetent or otherwise neglectful fathers (ABC News 2016; Collingwood-Whittick 2000). This stereotype is rooted in colonial ideology, and pathologises Indigenous men as violent drunkards; a depiction grossly unjust, considering that the perceived shortcomings of Indigenous males are, generally, the ongoing results of colonisation, discrimination, structural disadvantage, and inequity (Canuto et al. 2018; Prehn & Ezzy 2020). Like other stigmatised minority ethnic groups, Indigenous fathers need support to overcome disadvantage, empowering them to become the best fathers they can be (Collard et al. 2016; Fletcher et al. 2017). One element Indigenous fathers have highlighted as being a requisite component of strength and identity is Aboriginal and/or Torres Strait Islander culture, which will be explored in detail below (Collard et al. 2016; Fletcher et al. 2017; Stuart, May & Hammond 2015).

10.4 Literature review

Indigenous people are more likely to be exposed to more frequent and intense marginalisation and discrimination (Habibis et al. 2016; Priest et al. 2011), a reality crystallising the importance of the formation of resilience and parental support for the development of a child's self-concept (Prehn et al. 2020). Because of this increased likelihood of subjection to discrimination and inequality, it is worth investigating what

factors contribute to children growing up strong amidst these disadvantages as a means of assisting the betterment and wellbeing of Indigenous children, and thereby overcoming the ongoing effects of colonisation (Craven & Marsh 2008; Walter, Dodson & Barnes 2017).

The relationship Indigenous children have with their parents (or primary caregivers) is central to growing up strong (Yeung, Craven & Ali 2013) and the acquisition and honing of resilience (Craven & Marsh 2008; Dunstan, Hewitt & Tomaszewski 2017). However, for Indigenous parents, there can be a number of complexities that affect their ability to maintain a positive relationship with their children over a prolonged period. Aboriginal people overall experience high levels of racism (Habibis et al. 2016; Priest et al. 2011), poorer health (Dudgeon, Milroy & Walker 2014), intergenerational trauma (Silburn et al. 2006), and the negative ramifications of historical and contemporary government policies, such as the forced removal of children (Dudgeon et al. 2014) and the Northern Territory National Emergency Response (Wilkes et al. 2014). These and other adverse factors can and do hinder Aboriginal parents from providing holistic and undivided care to their children. Parents may, therefore, benefit from ongoing support of their own to overcome structural disadvantage, allowing them to then better nurture their children's self-concept.

Fathers are central in enabling Indigenous children to achieve their aspirations, yet there is relatively little literature published regarding Indigenous men (Prehn & Ezzy 2020), and even less on Indigenous fathers/fatherhood in Australia. In the published material, the negative impacts of colonisation on Indigenous men are evident and deemed to be widespread. Compared with their non-Indigenous counterparts, Indigenous men have significantly lower physical (Australian Institute of Health and Welfare 2011) and mental health outcomes (Australian Bureau of Statistics 2013), and experience higher levels of adverse social circumstances, such as excessive

incarceration (Australian Bureau of Statistics 2016). These inequalities can create barriers and difficulties when performing the role of father. This is amplified when social supports, such as family and community, have also been negatively affected by colonisation (Dudgeon et al. 2014; Stuart, May & Hammond 2015).

Although research is limited, the introduction of Aboriginal-specific fathering programs is a response intended to ameliorate the barriers experienced by Australian Indigenous men. Indigenous men have shared difficulties participating in mainstream fathering groups due to differences in fathering opportunities, such as by the possession of language and culture, the role played by extended family in parenting, and the significance of Country (Collard et al. 2016; Prehn & Peacock 2019). The *Quop Maaman: Aboriginal Fathering Project* is one of few Australian Indigenous fathering programs informed by empirical research (Collard et al. 2016). The communal approach taken to Aboriginal fathering by Noongars is identified: if one father is unwell or unable to undertake his duties, other men from the community may help to perform those fatherly and husbandly roles (Collard et al. 2016). As Collard et al. (2016, p. 2) explain:

Many changes imposed on us by Wedjela (non-Aboriginal people) have made it hard for Aboriginal men to bring up their kids with good support. Our old people had kids taken from them, were punished for speaking language and practicing culture and had their authority to be maaman as fathers, uncles, brothers, and pops stripped by governments.

The key elements required to successfully perform the role of a father identified by Noongar men included culture, Country, family values, language, Elders, and learning from mistakes (Collard et al. 2016). However, the intergenerational impacts of forced removal, along with the inability to freely practise culture, has resulted in some fathers being unable to pass down traditional knowledge and skills necessary to perform the role in subsequent generations, damaging fathering ability. Colonisation, too, with the

breakdown of Aboriginal cultural practices and knowledge, has hindered the ability of older Aboriginal men to support younger Aboriginal men to practice engaged fatherhood (Fletcher et al. 2017).

Transitioning to the role of an engaged father can be challenging for any man, let alone those suffering from systemic intergenerational disadvantage (Collard et al. 2016; Fletcher et al. 2017; Hammond 2011; Stuart, May & Hammond 2015). Fletcher et al. (2017) used a participatory design with electronic mechanisms (web pages and mobile phone services) to understand the experiences of Aboriginal men and fathers. The scholars found that participant-designed resources shared using electronic technologies (such as mobile phones) increased men's capacity to perform their fatherly roles and to become role models for other Aboriginal men. Notwithstanding the aforementioned structural challenges, Aboriginal men participating in the study recognised the importance of being a father (Fletcher et al. 2017). Given the poor health of and social outcomes for Indigenous men, greater support is needed to assist them so that their children can achieve their aspirations and grow up strong (Collard et al. 2016; Fletcher et al. 2017).

A theme throughout these Aboriginal fathering programs and the research which informs them is the centrality of Indigenous culture to Indigenous masculinity and fatherhood. Research based on the LSIC dataset has shown that culture plays a vital role in protecting against risk factors and increasing resilience (Lohoar, Butera & Kennedy 2014; Lovett 2017). From an Indigenous epistemology, culture can be seen as integral to a healthy self-concept for Indigenous children (Martin 2017). The parents and caregivers of Aboriginal and/or Torres Strait Islander children have identified teaching them about their culture and identity as a need (Armstrong et al. 2012; Martin 2017).

10.5 Methodology

This paper is framed using an Indigenous worldview (Denzin, Lincoln & Smith 2008; Kovach 2015; Walter & Andersen 2013), and the epistemological positioning held by the researchers prioritises an Aboriginal perspective on the understanding of the data and its analysis (Walter et al. 2017). The authors come from different Aboriginal tribes, and recognise the role that belonging to differing social contexts may play in their worldview. The authors understand ‘growing up strong’ as a multidimensional concept: “To grow up strong, Aboriginal and Torres Strait Islander children need to be strong in health, in education, in family, in culture, in their identity and in how they see their own place within Australian society” (Walter et al. 2017).

10.5.1 Method

This paper uses content analysis to examine data from the LSIC, which adopts a non-representative sampling design (Department of Social Services 2018). Aboriginal and/or Torres Strait Islander children were recruited from 10 sites: Broome, Darwin, Torres Strait, Mount Isa, Brisbane, Dubbo, Western Sydney, South Coast New South Wales, Shepparton, and Adelaide (see Figure 10.1) (Kneebone et al. 2012; Walter, Dodson & Barnes 2017). These sites were selected because they cover a wide range of socio-economic and community environments and geographical locations. It is important to note that the LSIC is not representative of all Indigenous children because it does not include Tasmania (Walter, Dodson & Barnes 2017).



Figure 10.1 *Footprints in Time interviewing locations (Kneebone et al. 2012, p. 64)*

The data are collected annually by Indigenous researchers who are generally from the local Aboriginal and Torres Strait Islander communities. Questions are asked of Aboriginal and/or Torres Strait Islander children, their mothers, fathers, and teachers. In 2008, when the study commenced, there were 1,677 children participating across two cohorts: Baby Cohort (B Cohort, $n = 968$) and Kid Cohort (K Cohort, $n = 709$). When the study commenced, children in the former cohort were aged 6 to 18 months, and in the latter 3.5 to 5 years (Department of Social Services 2018).

The LSIC data used in this study are qualitative in nature, drawn from Waves 1 (2008), 4 (2011) and 7 (2014) (Department of Social Services, 2018). Content analysis was used to examine the responses of Aboriginal and/or Torres Strait Islander fathers to understand their beliefs and practices as to the use of culture and cultural practices in the development of their children (see Churchill 2019). The method was used to analyse data for the presence of recurring attitudes (e.g. indicating the centrality of connexion to country for maturation and wellbeing) and practices (e.g. teaching fishing), which were then sorted accordingly into typologies (e.g. ‘on country’ and ‘collecting foods’). Participant responses ranged from single words/phrases to multiple sentences. For example, in Wave 1, when fathers were asked “What about Indigenous

culture will help SC grow up strong?-text” (SC refers to ‘Study Child’), responses varied from “identity” to “family connections, within the community and being proud of her culture. Teaching her about her culture and her connection to country”. The varied responses meant some answers were thematically coded into more than one category; one participant’s response was included in four thematic categories. These thematic categories were later quantified to identify the frequency of responses according to theme.

For the first variable of analysis, “What about Indigenous culture will help SC grow up strong?-text”, Waves 1 and 7 were combined, from a total of 1,016 potential responders, Indigenous fathers provided 222 (21.9%) responses (noting that some Indigenous fathers may have provided an answer in both Waves 1 and 7). In Wave 1, there were 586 Parent 2s (P2s) who identified as Aboriginal and/or Torres Strait Islander and as father of the SC, and 121 (20.6%) Indigenous fathers specifically answered the variable. In Wave 7, there were 430 P2s who identified as Aboriginal and/or Torres Strait Islander and as father of the SC, and 101 (23.5%) specifically answered the variable. Of the 222 (21.9%) responses, there were 418 content units; an average of 1.9 content units per response.

For the second variable, “Things P2 does to pass on Indigenous culture to SC-text”, Wave 4 is analysed. 538 P2s identified as Aboriginal and/or Torres Strait Islander and as the father of the SC. Of the 538, 114 (20.2%) Indigenous fathers gave an answer, 16 (3%) said they did not know, and the remainder did not answer. There were 227 content units created from the 114 (20.2%) responses; an average of 2 content units per response.

For the third variable, “Issues about P2 passing Indigenous culture on to SC-text”, Wave 4 is analysed. 538 P2s identify as Aboriginal and/or Torres Strait Islander, and as the father of the SC. Of the 538, 133 (24.7%) Indigenous fathers answered the

variable, and the rest were not asked or did not answer. 106 of the 133 respondents (79.7%) indicated they had no problems passing Indigenous culture on to the SC. 27 (20.3%) indicated yes, they experience issues passing on Indigenous culture to the SC. The 27 (20.3%) yes responses formed 29 content units.

In 2008, when data were gathered for Wave 1, the average age of Indigenous fathers in the LSIC was 31.14 years. These fathers ranged in age from 18 to 65 years. As subsequent Wave data are collected annually, the average age and age range increases. However, it is noteworthy that not all Indigenous fathers from Wave 1 have continued to participate in the later Waves.

10.6 Results

Results are presented for responses to the three questions drawn from the LSIC, including: (I) “What about Indigenous culture will help SC grow up strong?-text” (Waves 1 & 7 combined, B & K cohorts); (II) “Things P2 does to pass on Indigenous culture to SC-text” (Wave 4, B & K cohorts); and (III) “Things P2 does to pass on Indigenous culture to SC-text” (Wave 4, B & K cohorts).

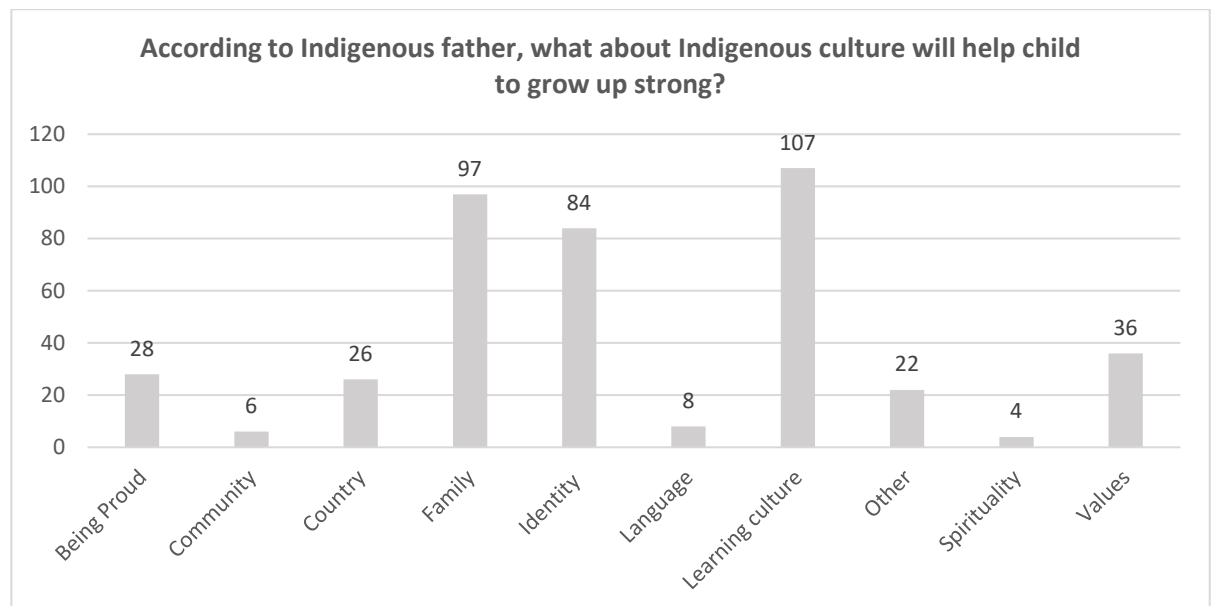


Figure 10.2 “What about Indigenous culture will help SC grow up strong?-text” (Waves 1 & 7 combined, B & K cohorts)

Indigenous fathers reported that learning about Indigenous culture, identity and family are crucial aspects of Indigenous culture that will help Indigenous children grow up strong (see Figure 10.2). Interestingly, Indigenous fathers believe that Indigenous culture will help their children in a number of ways. When asked, one father responded, *“I hope by telling them our dreamtime stories, it'll enable them more confidence in their heritage and, in turn, themselves”*. Other responses highlighting the unique and holistic epistemological approach of Indigenous people to education expressed that cultural knowledge and a connection to the land is not only beneficial and vital to each Indigenous child, but also part of their custodial duty to *“make sure that it is still here for the future generations”* (Department of Social Services 2018).

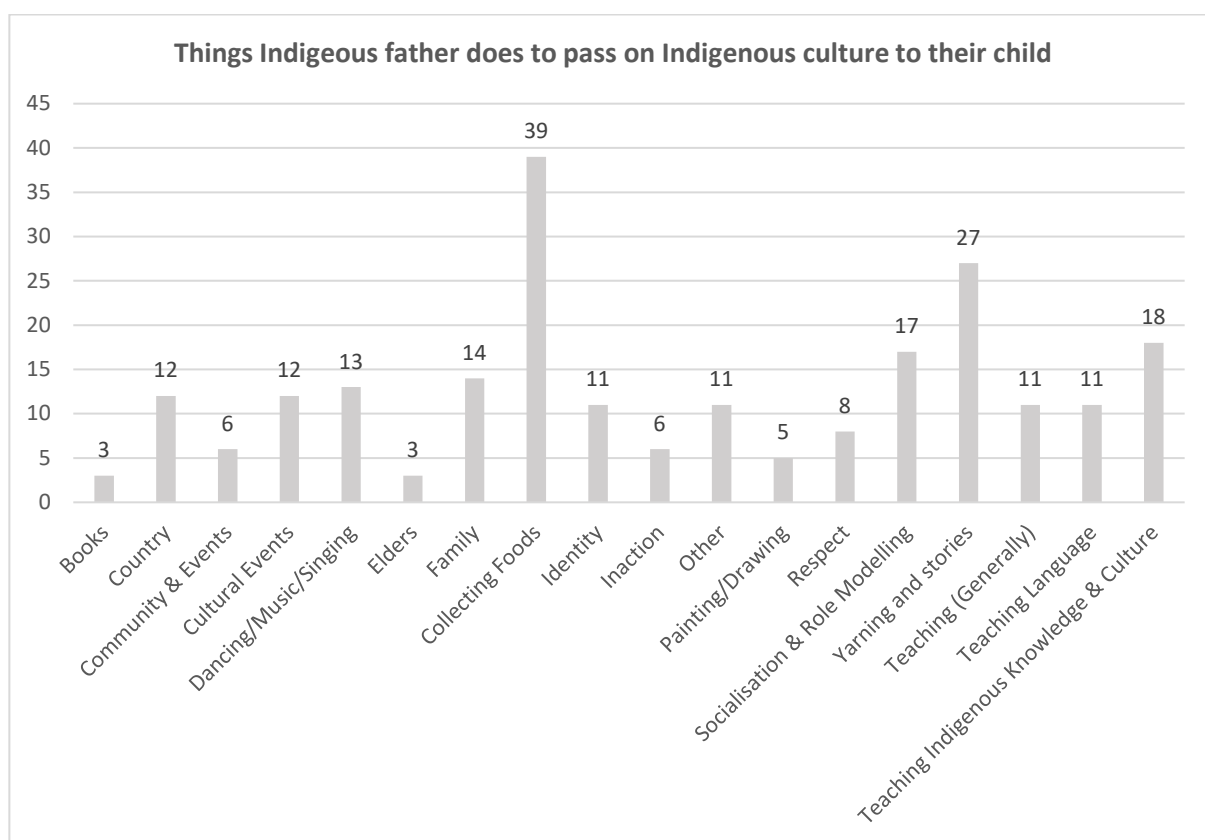


Figure 10.3 Things P2 does to pass on Indigenous culture to SC-text (Wave 4, B & K cohorts)

The wide variety of activities undertaken to pass on culture to children were spread across 18 typologies (see Figure 10.3). The most commonly reported means of passing on culture was collecting foods ($n = 39$, or 17%), followed by yarning and storytelling ($n = 27$, or 12%), and teaching traditional knowledge and culture ($n = 18$, or 8%). Other

ways of passing on culture included socialisation and role modelling, spending time with family, dancing/music/singing, attending cultural events, getting on Country, and teaching Indigenous languages.

Regarding the collection of traditional foods, some of the responses indicated the types of food collected with children, for example seafood, such as fish, oysters, lobsters and yabbies, or food from the land, such as kangaroo and various kinds of bush tucker. One father said, *“I’m going to take her out fishing and teach her about hunting”*, while another mentioned *“go[ing] out getting kangaroo tails with the family”*.

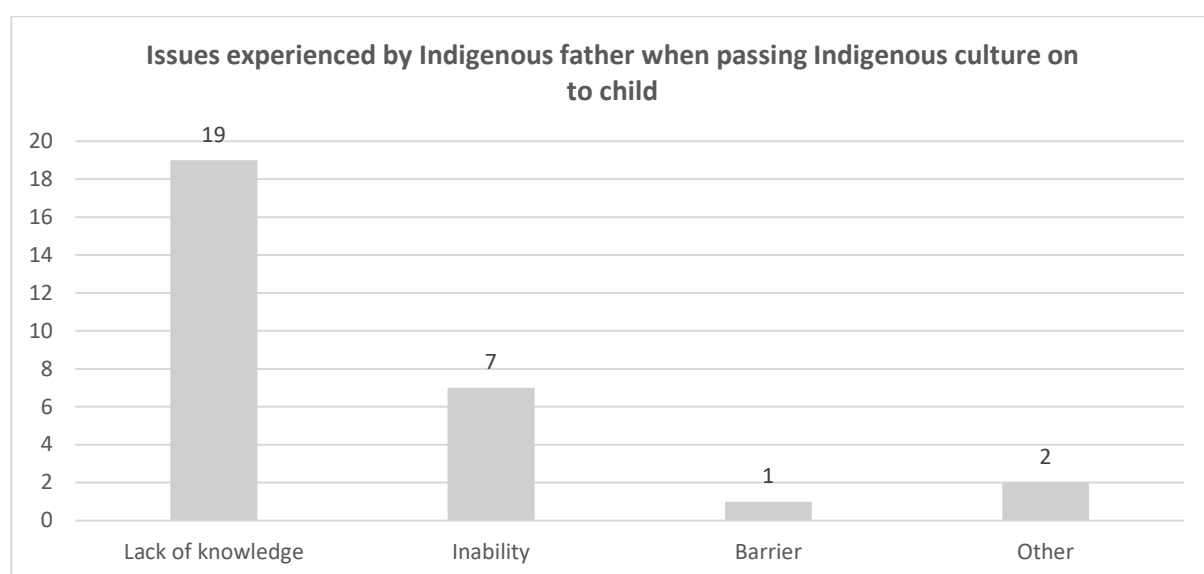


Figure 10.4 Issues about P2 passing Indigenous culture on to SC-text (Wave 4, B & K cohorts)

In Wave 4 of the LSIC, of the Indigenous fathers asked ($N = 133$), 27 (20.3%) said they had experienced problems in passing Indigenous culture on to their children. The most common identified was *“lack of knowledge”*, with 19 (70%) fathers expressing this perceived impediment. Responses included *“I wish I had my language to pass on”*, and *“I don’t know enough about my culture”*. These responses indicate the gradual breakdown of Aboriginal and Torres Strait Islander culture across generations.

10.7 Discussion

This paper analyses qualitative data from the LSIC (Department of Social Services 2018), focusing on variables pertaining to Indigenous fathers, their children, and how culture can help children grow up strong. Three qualitative questions are examined: (1) “What about Indigenous culture will help SC grow up strong?-text” (Waves 1 & 7 combined, B & K cohorts); (2) “Things P2 does to pass on Indigenous culture to SC-text” (Wave 4, B & K cohorts); and (3) “Issues about P2 passing Indigenous culture on to SC-text” (Wave 4, B & K cohorts).

From the perspective of Indigenous fathers, having their children learn about Indigenous culture is an integral component of them growing up strong. Reasons identified by participants included seeing culture as contributing to the development of cultural practice and behaviour, family and community connections, and a heightened understanding of self. This connecting of Indigenous culture to child development by the participants is similar to the results of a study by Canuto et al. (2019), in which Indigenous fathers suggested that culture contributed respect, a deeper understanding of self, and a furthering of integrations within the family and broader community.

We found that the most frequently used way of passing on culture was traditional food gathering practices. The collection of traditional foods being a highly ranked aspect of Indigenous culture and its transmission to children is supported by Martin (2017). In her study of Parent 1s in the LSIC data, she found “bush tucker, hunting and fishing” to be central to cultural teachings. Enabling social services to administer greater support to Indigenous fathers will increase the transmission of the process of collecting cultural foods to children. This activity can nurture and enhance positive and meaningful relationships while facilitating the transmission of culture between Indigenous Australians.

Yarning and storytelling were identified as the second most common means of passing on Indigenous culture to children (see Figure 10.3). In Aboriginal and Torres Strait Islander culture, an exact definition of ‘yarning’ can be difficult to pin down (Walker, Fredericks & Anderson 2013), but broadly it can be thought of as an informal conversation style that often includes storytelling and humour (Bessarab & Ng'andu 2010; Fredericks, Adams & Edwards 2011; Towney 2005). Yarning has also been identified as a strength by some Indigenous men, and it can be therapeutic (Towney 2005, p. 40):

The ‘power of healing in the yarn’ is all about giving Aboriginal people the chance to talk about what they value, what is precious to them. This is the essence of our work. We create forums for men to get together to yarn, to reclaim not just their own individual stories, but our collective stories, too—stories about what is important to us.

The process of yarning and storytelling can have benefits for both Indigenous fathers and their children. For Aboriginal and/or Torres Strait Islander fathers, the therapeutic nature of yarning may contribute to improving their poor health and wellbeing in a culturally appropriate way (e.g. talking about issues, sharing stories of culture, and using humour to build rapport) (Prehn 2019). For Indigenous children, the transmission of culture improves their knowledge of identity, culture, family and country, among other things (see Figure 10.2), leading to improved wellbeing, resilience and achievement (Colquhoun & Dockery 2012; Lovett 2017; Martin 2017). The Indigenous fathers’ responses highlight the centrality of culture and how, from their perspective, it is helping Indigenous children. A wide variety of aspects of Indigenous culture can help Aboriginal and/or Torres Strait Islander children to thrive. Aboriginal and/or Torres Strait Islander fathers report that just learning about Indigenous culture will help their children grow up strong (Figure 10.2). This has been discussed by others, including Gee et al. (2014, p. 60), who suggest that:

Connection to culture, as we use the term here, refers to Aboriginal and Torres Strait Islander peoples' capacity and opportunity to sustain and (re) create a healthy, strong relationship to their Aboriginal or Torres Strait Islander heritage. This includes all of the associated systems of knowledge, law and practices that comprise this heritage.

Learning about family was the second highest scoring theme when Indigenous fathers were asked what will help their children to grow up strong (Figure 10.2). Family plays a significant role in Aboriginal and Torres Strait Islander society (Colquhoun & Dockery 2012), but the definition of 'family' can differ from the Western model; "the family plays a key role in determining appropriate behaviour and cultural identity. It is closely linked to land and has important spiritual bonds for Aboriginal people" (Colquhoun & Dockery 2012, p. 19). Gee et al. (2014, p.59) put it this way: "Family and kinship systems have always been central to the functioning of traditional and contemporary Aboriginal and Torres Strait Islander societies. These systems are complex and diverse, and serve to maintain interconnectedness through cultural ties and reciprocal relationships."

In an Indigenous lifeworld, knowing who your 'mob' is and your extended family is rightly identified by Indigenous fathers as helping their children prosper. It provides an environment within which a child receives encouragement, wisdom, nurturing, support, acceptance, and joy. Importantly, it affirms a child's identity, culture, knowledge and customs as an Aboriginal person and further furnishes the development of resilience as an Aboriginal person—much needed in the racist and derogatory Australia in which we live.

Identity also scored high as a factor in Indigenous culture helping children grow up strong. This finding is in line with other research (Colquhoun & Dockery 2012; Lovett 2017), indicating that the stronger Indigenous people are in their culture and identity, the more resilience they have (Gee et al. 2014). Conversely, "Many members of the

Stolen Generations and their descendants continue to experience a deep grief and a longing to reconnect with their cultural heritage and ancestry” (Gee et al. 2014, p. 61). This removal of Indigenous people damaged their sense of identity. Having a secure sense of cultural identity can function as a protective factor, mitigating risks from life stresses, social exclusion, and economic and social disadvantage (Zubrick et al. 2014). Other important factors to do with Indigenous culture which help Aboriginal and/or Torres Strait Islander children growing up strong according to Indigenous fathers included values, being proud, Country, language, community, and spirituality (see Figure 10.2). This highlights the variety of ways Indigenous culture will help children when listening to the voices of Indigenous fathers. Indigenous fathers are the experts in their culture, and understand how and why their culture can help their children grow strong. Through listening to fathers’ voice, children are empowered to represent themselves (Spivak 1988).

The passing on of Indigenous culture was made difficult for some fathers by of a lack of knowledge or language. This difficulty can be directly attributed to the colonisation of Australian Indigenous people, including assimilation measures, the forced removal of children, and erosion of traditional culture and identity (Dudgeon et al. 2014). For example, the purposeful suppression and replacement of Indigenous languages has driven all but 13 of some 250 languages with 800 dialects to extinction (AIATSIS 2019). Consequently, some Indigenous people know little or nothing about various aspects of their culture, and thus have trouble passing it on to their children.

These findings can help inform the development of social services and Aboriginal and/or Torres Strait Islander-specific men’s and fathering programs. Culture has been a foundational building block of programs including the *Quop Maaman: Aboriginal Fathering Program* (Collard et al. 2016), *Stayin’ on Track* (Stayin’ On Track 2015), and the *Aboriginal and Torres Strait Islander Fathering Bulletin* (Hammond 2019).

Older men have expressed a feeling of pride in being able to pass culture onto younger Indigenous people (Towney 2005). Despite Indigenous fathers experiencing some barriers, the importance of culture is discussed in these programs and this paper. Indigenous culture can then be supported to be passed on by Indigenous fathers to their children through the variety of means outlined in the data, and thereby assist Indigenous children to grow up strong and resilient.

When discussing the results, Indigenous fathers' voices are speaking to us. These fathers are telling the reader why Indigenous culture is important to helping their children grow up strong, how they are sharing their culture, and any problems they experience passing on culture. We must accept that Indigenous fathers are the experts in their lives, and Australia (particularly academics and policy-makers) should be listening to them. Not listening to their voices works to maintain colonial discourses that Indigenous men are poor fathers, (ABC News 2016), savage and dangerous (ABC News 2015; Bradley 2015), and a danger to public safety (Hokowhitu 2003, 2007).

Building on the research of Hokowhitu (2007), Indigenous men not only need to be listened to, but they need space for expression. This notion of space also extends to spending time with their children, sharing culture. For example, Indigenous men have reported that mainstream fathers' groups are not culturally appropriate or a safe space to express themselves (Collard et al. 2016; Fletcher et al. 2017). The variety of responses regarding how culture will help children grow strong and how culture is shared highlights the significance of their culture for Indigenous fathers. This finding is supported by previous research exploring Aboriginal and/or Torres Strait Islander culture (Armstrong et al. 2012; Colquhoun & Dockery 2012; Lovett 2017; Martin 2017). Allowing space for Indigenous men to spend time with their children engaging in cultural practices is a component in improving the resilience of Indigenous children.

10.8 Limitations

The main limitation of this paper is the small number of responses to questions about Indigenous fathering in the LSIC dataset. Not only would higher response rates be beneficial, but there are also some interesting additional questions for analysis regarding Indigenous fathers in the LSIC study that have not been analysed in this paper. These questions ask Indigenous men about strong souls, social and emotional wellbeing, parental warmth, and child care and early education (Walter, Dodson & Barnes 2017). The lack of other datasets and publications on Aboriginal and/or Torres Strait Islander fathering presents an opportunity for further research.

The LSIC dataset is not generalisable to the whole Aboriginal and Torres Strait Islander population. This is due to the limited number (11) and the geographical spread of the data collection sites, as outlined in Figure 10.1 (Kneebone et al. 2012; Walter, Dodson & Barnes 2017). An overall representation of Australia's Indigenous children, families and communities is lacking, and Tasmania is a notable exclusion (Walter, Dodson & Barnes 2017). Despite this, the LSIC still yields important and pertinent results for the broader Indigenous population across Australia (Walter, Martin & Bodkin-Andrews 2017).

10.9 Conclusion

This study explored three qualitative variables from the Longitudinal Study of Indigenous Children regarding Aboriginal and/or Torres Strait Islander fathers, their children and the sharing of cultural activities: (1) according to Indigenous fathers, what about Indigenous culture will assist children to grow up strong; (2) things fathers do to pass on culture; and (3) issues fathers have passing on culture to their children. When considering the responses to these questions through a postcolonial lens, Indigenous fathers are sharing the significance of transmitting culture to their children, typically through means which are customary for men, such as hunting and yarning.

To support this process, Indigenous fathering programs should incorporate features which allow the transmission of Indigenous culture to occur, led by Indigenous men. The role of Indigenous culture in Australia has been identified as a component to help Indigenous children grow up strong. Listening to the voices of Indigenous fathers regarding how they share their culture and the barriers they face is important to addressing the issue of loss of culture and the raising of strong Indigenous children. If the next generation of Indigenous children is to overcome structural disadvantage resulting from colonisation, a need and aspiration of Indigenous people, the transmission of culture from their fathers is vital.

Chapter 11 has been
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Chapter 12 – Discussion: ‘Space and Place’ for Aboriginal Masculinity

12.1 Introduction

This thesis set out with the aims of developing a deeper understanding of Aboriginal masculinity in Australia, assessing the effectiveness of nature-based therapy for enhancing the health and wellbeing of Aboriginal men, and articulating a strengths-based narrative of Aboriginal men. I used Indigenous standpoint theory (Foley 2003) to articulate my social positioning and worldview (inclusive of epistemology, ontology, and axiology) as a Worimi (Aboriginal) man actively engaged in my local palawa (Tasmanian Aboriginal) community. This standpoint is important, because the normal perspective within the academy is non-Indigenous (Connell 2007; Walter & Andersen 2013). As a result, Aboriginal people and their worldviews are marginalised, and this can contribute to the persistence of deficit narratives (Fogarty et al. 2018).

In this thesis, the main study used semi-structured interviews, or yarns, with 11 Aboriginal men who had participated in the nature-based therapy program ‘Our Way on Country’. Then, national survey data from the Longitudinal Study of Indigenous Children pertaining to Aboriginal (and/or Torres Strait Islander) fathers was used to explore Indigenous fatherhood. This discussion chapter first asks whether the ‘Our Way on Country’ program achieved its aim of holistically enhancing the health and wellbeing of Aboriginal men, then considers the key outcomes from the nature-based therapy program in relation to a micro-, meso-, and macro-level framework (Parsons, Shils & Smelser 2017). Finally, combining the qualitative interview findings, the national survey data findings, national and international Indigenous masculinity scholarship, and a strengths-based narrative, a theory of Aboriginal masculinity is offered: space and place.

The primary aim of the ‘Our Way on Country’ program was to holistically enhance the health and wellbeing of Aboriginal men. ‘Our Way on Country’ was developed in a partnership between Aboriginal men in the Tasmanian Aboriginal community, Karadi Aboriginal Corporation, and Adventure Works. The result of this was that the program provided the Aboriginal men with a feeling of ownership and was aligned with their worldviews. Working with Aboriginal men in the process of developing health and wellbeing initiatives is crucial for empowerment and self-determination, as detailed in the *National Aboriginal and Torres Strait Islander Male Health Framework—Revised Guiding Principles* (Australian Department of Health and Ageing 2010).

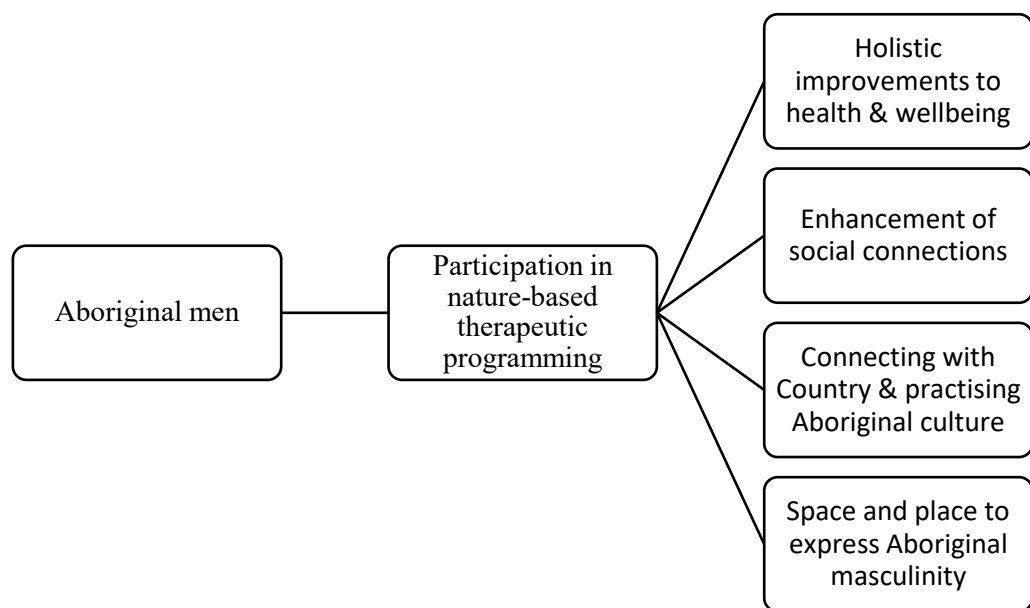


Figure 12.1 Key benefits of Aboriginal men participating in nature-based therapy

Below is a brief introduction to each of the four key benefits, shown at the right of Figure 12.1, to Aboriginal men of participating in nature-based therapy. After this, the chapter details each of the four benefits in relation to a micro-, meso-, and macro-level framework (Parsons, Shils & Smelser 2017).

12.1.1 Holistic improvements to health and wellbeing

As illustrated in Figure 12.1, the Aboriginal men's participation in the nature-based therapeutic program had four key benefits. The first of these benefits was holistic improvements in each of four domains of their health and wellbeing: (i) physical health; (ii) mental health; (iii) cultural and spiritual wellbeing; and (iv) social connections (see Chapter 8). For both the younger and older Aboriginal men, the nature-based therapy simultaneously provided benefits to two or more domains of health and wellbeing. For example, when walking on Country to collect resources for the making of Aboriginal cultural tools,¹⁹ the domains of physical health, mental health, and cultural and spiritual wellbeing benefited. The Aboriginal men emphasised their preference for these holistic benefits to health and wellbeing over Western approaches, which generally only addressed the domains of physical health or mental health. The need for decolonised and holistic approaches to Aboriginal men's health and wellbeing were thoroughly explored in Chapter 2.

12.1.2 Enhancement of social connections

The second key benefit reported by the Aboriginal men participating in the nature-based therapy program was the enhancement of social connections; the program helped to create new friendships and strengthen existing friendships. In Chapter 7, the men explained that these social connections often resulted in feelings of support, care, and encouragement. There is a significant body of literature which emphasises and explains the importance of having healthy social connections to reducing social isolation and its associated negative health and wellbeing effects (Coyle & Dugan 2012; Holt-Lunstad et al. 2015; Weiss 1973; Wilson & Cordier 2013). Mechanisms to

¹⁹ This process was also explored in the national survey data on Aboriginal (and/or Torres Strait Islander) fathers sharing cultural practices with their children as an element of helping them to grow up strong.

support Aboriginal men in having healthy social connections are important to improving their currently poor health and wellbeing outcomes. Further, the *Aboriginal and Torres Strait Islander Social and Emotional Wellbeing Framework* and its nine Principles could be enhanced if it more clearly stated the significance of healthy social connections (see Dudgeon, Milroy and Walker (2014, p. xxiv)).

12.1.3 Connecting with Country and practising Aboriginal culture

The third key benefit for the men participating in the program was their ability to connect with Country and practise Aboriginal culture, both of which are important components of Aboriginal identity (see Chapters 2, 3, 7, 9 and 10). However, because of the persisting structure of settler colonialism, the ability of Aboriginal men in Tasmania (and across Australia) to be on Country and practise their culture is reduced. Having mechanisms such as nature-based therapy programs to assist in the process of connecting with Country and practising Aboriginal culture is important to strengthening Aboriginal identity (see Chapters 7, 8, 9 and 10).

The ability of Aboriginal men to connect with Country and undertake Aboriginal cultural practices during nature-based therapy also contributed to enhancing their cultural and spiritual wellbeing.²⁰ For the men to be in overall good health, the domain of cultural and spiritual wellbeing needs adequate attention and care. The nature-based therapy was a meaningful way to directly enhance cultural and spiritual wellbeing while also providing benefits to physical health, mental health, and social connections. Further, as detailed in Chapter 10, Aboriginal fathers emphasised the significance of sharing Aboriginal cultural practices with their children in their growing up strong. The positive feedback from the Aboriginal men about the integration of Country and

²⁰ The cultural and spiritual wellbeing domain of health and wellbeing is detailed in Chapter 8, and the ways in which the men believed the nature-based therapy program enhanced this domain are set out in Chapter 7.

Aboriginal culture into health and wellbeing and social programs suggests they should be brought into future programs and initiatives, as well.

12.1.4 Space and place to express Aboriginal masculinity

The fourth key benefit of nature-based therapy for the Aboriginal men was having space and place for the expression of Aboriginal masculinity; being away from settler-colonial society meant they could more freely express components of their identity. These components of identity included undertaking Indigenous cultural practices, sharing yarns and stories, and expressing their worldviews. In Australia, the ongoing process of settler colonialism positions settler-colonial men's traits, behaviours, and attributes as superior to those of Aboriginal men, and this results in Aboriginal masculinity being marginalised. As explored in Chapter 4, until Australian settler-colonial masculinity is decolonised, Aboriginal men will continue to be disempowered and marginalised when expressing their Aboriginal masculinity, and poor health and wellbeing outcomes will likely persist.

In the national survey data on Aboriginal (and/or Torres Strait Islander) fathers explored in Chapter 10, having spaces and places contributes to successful Indigenous fathering. The men identified the importance of sharing Indigenous cultural practices with their children, in addition to education and good health, for them growing up strong (Walter, Martin & Bodkin-Andrews 2017). Many of these Indigenous cultural practices require space and place. Without these, fatherhood, a key component of Aboriginal masculinity, cannot be properly fulfilled.

This chapter now goes into greater detail on each of the four key benefits of 'Our Way on Country' sketched above.

12.2 Holistic improvements to health and wellbeing

The Aboriginal men all said that their participation in the nature-based therapy program provided holistic improvements to their health and wellbeing. As discussed in Chapter 8, the men conceptualised their health and wellbeing holistically, and this consisted of four domains: (i) physical health; (ii) mental health; (iii) cultural and spiritual wellbeing; and (iv) social connections. Participation in ‘Our Way on Country’ provided benefits in each of these four domains, and the men all reported that, during participation, they simultaneously benefited in two or more of these four domains. The men explained that, without taking a holistic approach to their health and wellbeing, their poor health would persist.

12.2.1 Macro level: A holistic approach to Aboriginal men’s health and wellbeing

Taking a holistic approach to Aboriginal health and wellbeing at a macro level is crucial to achieving system-wide benefits (Parsons, Shils & Smelser 2017). The significance of the holistic approach to Aboriginal health and wellbeing at a macro level is detailed by Dudgeon, Milroy and Walker (2014) in their comprehensive text *Working Together: Aboriginal and Torres Strait Islander Mental Health and Wellbeing Principles and Practice*. The first of its nine guiding principles states:

Aboriginal and Torres Strait Islander health is viewed in a holistic context that encompasses mental health and physical, cultural and spiritual health. Land is central to wellbeing. Crucially, it must be understood that while the harmony of these interrelations is disrupted, Aboriginal and Torres Strait Islander ill health will persist. (Dudgeon, Milroy & Walker 2014, p. xxiv)

The centrality of the holistic approach at the macro level to Aboriginal men’s health is further articulated by the Australian Department of Health and Ageing (2010, p. 2) in the *National Aboriginal and Torres Strait Islander Male Health Framework—Revised Guiding Principles*. This key Indigenous male health document, in exploring a holistic approach, states: “This is important for improving the current status of Aboriginal and

Torres Strait Islander male health and wellbeing across life spans and recognises the interconnectedness between individuals, families, and communities.”

For Aboriginal men, holistic approaches to health and wellbeing are important because narrow, singular focuses do not address or enhance their health and wellbeing appropriately. For example, if only one domain, such as physical health, is addressed, poor mental health may reduce the person’s ability to undertake activities that maintain and enhance physical health (Gee et al. 2014). This may eventually lead to worse physical health, along with the already unaddressed mental health deficit.

A holistic approach to health and wellbeing is also important for Aboriginal people because it addresses cultural and spiritual wellbeing. This domain of Aboriginal health is generally not addressed by solely Western approaches to health and wellbeing.²¹ In Chapter 8, the Aboriginal men spoke of the importance of this domain receiving adequate attention and care to their achieving and maintain good health.

Western approaches to health and wellbeing generally do not factor in cultural and spiritual wellbeing. This shortcoming of Western settler approaches to Aboriginal health and wellbeing was discussed by the participants in Chapters 7, 8 and 9:

Western medicine doesn't fix certain things that they're actually looking for, you know, some of the things they're lacking is actually their connection to Country. It's the disposition of their culture and stuff like that, so no counselling or shit like that, that actually, a lot of that is actually re-confirming and boxing in the colonial barriers that that is given the problem. (Triyina)

The significance of holistic and decolonised approaches to Indigenous men’s health and wellbeing at the macro level in an international context was detailed in Chapter 3. The international literature review regarding Indigenous men from each the CANZUS

²¹ Note that attempts are being made both to decolonise and include Indigenous perspectives in health and wellbeing programs in Australia (Springer et al. 2018) and Aotearoa/New Zealand (Pitama et al. 2019; Pitama et al. 2017).

countries explained that Canadian First Nations (Aboriginal Health 2014), Māori (Durie 1998; Kidd et al. 2013), and Native American (Lachapelle, Dunnagan & Bird 2011) men all prefer a holistic approach to their health and wellbeing. Similarly to the Aboriginal men interviewed for this thesis, CANZUS state Indigenous men identified holistic approaches as important, because they can adequately address matters such as connecting with land, practising Indigenous culture, communal relationships, and spirituality.

Interestingly, the Sámi in Norway have legislation which protects the health and wellbeing services they receive to ensure their needs are appropriately met (Sametinget 2018, p. 7):

The states shall, in cooperation with the Saami parliaments, ensure that health and social services in the Saami settlement areas are organised in such a way that the Saami population in these areas are ensured health and social services adapted to their linguistic and cultural background. Also health and social services outside the Saami settlement areas shall pay regard to the linguistic and cultural background of Saami patients and clients.

The Australian settler state, along with the other CANZUS countries, could create similar legislation to ensure the health and wellbeing rights of their Indigenous peoples are appropriately met (see, for example, the United Nations Declaration on the Rights of Indigenous Peoples (United Nations 2008)).

In summary, all of the men interviewed for this thesis' qualitative study mentioned the importance of macro-level holistic approaches to their health and wellbeing. The men discussed the nature-based therapeutic program favourably because it provided holistic benefits in each of their four domains of health and wellbeing. Internationally, Indigenous men in the CANZUS countries also identified holistic therapeutic approaches as important to their health and wellbeing. The centrality of holistic approaches to improving Aboriginal men's health and wellbeing is detailed in key texts

on Aboriginal health.²² Future macro-level initiatives on Aboriginal men's health and wellbeing must consider holistic approaches to improve outcomes.

12.2.2 Meso level: Integration of holistic nature-based therapy programs

At the meso level, the Aboriginal Community Controlled Health Service (ACCHS) model is one approach to Aboriginal health which prioritises and privileges a holistic approach. The ACCHS model was first established in 1971 in Redfern (a suburb of Sydney) as a response to the dismal health and wellbeing service Aboriginal people received from mainstream providers, and as a reflection in the growth of Aboriginal self-determination (NACCHO 2020).

The ACCHS model is a decolonised approach to Indigenous health and wellbeing and has been well-received across Australia. As discussed by Panaretto et al. (2014) and Campbell et al. (2018), the model is focused on providing culturally appropriate primary health care to Aboriginal and Torres Strait Islander peoples across Australia. Generally, ACCHS are Indigenous community-governed, provide preventative and early intervention health care, and use holistic approaches. Further, research by Alford (2014) shows that the ACCHS model provides good economic value by reducing expenditure in areas such as the hospital system.

There has been significant growth in the ACCHS model, which, in the year 2020, counted more than 140 ACCHSs throughout each Australian state and territory. In the period 2017–18, data from 198 Indigenous-specific primary health care services, provided to the Australian Institute of Health and Welfare (AIHW) reported 391,000 Indigenous people having been served; at this time, there were approximately 650,000

²² See, for example, the *National Aboriginal and Torres Strait Islander Male Health Framework—Revised Guiding Principles* (Australian Department of Health and Ageing 2010), and *Working Together: Aboriginal and Torres Strait Islander Mental Health and Wellbeing Principles and Practice* (Dudgeon, Milroy & Walker 2014).

Indigenous people in Australia²³ (AIHW 2020)). Of the 198 Indigenous specific primary health care services, 140 were ACCHSs, 48 were government-run (36 of which were Northern Territory Government-run clinics), and the other 10 were non-government organisations.

The nature-based therapeutic program model explored in this thesis aligns well with the ACCHS model and its key principles, which include a holistic approach to health and wellbeing, culturally appropriate health care, and having Aboriginal control and input during conceptualisation. When undertaking the nature-based therapeutic program described in this thesis with Aboriginal men, an Aboriginal community-controlled organisation (Karadi Aboriginal Corporation) was employed for service delivery. The principles of Aboriginal control and input were integrated during the ‘Our Way on Country’ program’s conceptualisation phase. Ensuring and privileging Aboriginal control and input ensured the program delivery was culturally appropriate and took a holistic approach to health and wellbeing.

At the meso level, variations of the nature-based ‘Our Way on Country’ program would be well-suited to operate within the decolonised ACCHS model. In the present study, the local Aboriginal community, with their governance and control of the ACCHS, along with Aboriginal staff, developed a nature-based therapeutic program model that was culturally appropriate and met the needs of local participants. This contributes to the holistic health and wellbeing outcomes achieved in ‘Our Way on Country’. This program’s success could be replicated in other Aboriginal and Torres Strait Islander communities across Australia.

At present, there is a lack of a structured method or framework to share exciting and successful health and wellbeing programs with ACCHSs. The creation of such a

²³ Although the data are not clear on whether Indigenous people are using multiple ACCHSs and are thus being counted more than once.

sharing process may contribute to improving Indigenous health and wellbeing outcomes across Australia. One option would be to develop a page for on the National Aboriginal Community Controlled Health Organisations (NACCHO) website (NACCHO 2020). Although there are many cultural variations across Australia's Aboriginal and Torres Strait Islander communities, a method or framework for conceptual and structural exchange of innovative health and wellbeing programs would be useful.

12.2.3 Micro level: Social work practice with Aboriginal men

The importance of a holistic approach to Aboriginal men's health and wellbeing, as voiced in the qualitative study, also raises considerations at the micro level. Those directly engaging with Aboriginal men should consider how holistic approaches can be integrated into direct practice (McCalman et al. 2010; Prehn 2019). For example, allied health and wellbeing professionals, such as social workers and psychologists, and primary health care professionals, such as Aboriginal health workers, nurses, or general practitioners, should contemplate how each of the four domains of health and wellbeing are being addressed. As discussed in Chapter 3, features of the Norwegian state (i.e. being a social democracy, having Indigenous institutions, and requiring staff working with Sámi to be culturally competent and proficient in the Sámi language) contribute to holistic domains of health and wellbeing being appropriately addressed for Indigenous peoples.

This holistic approach to health and wellbeing at the micro level was a common theme among the CANZUS state Indigenous men discussed in Chapter 3. For example, Crow Native American men preferred professionals they were working with to use a holistic and decolonised approach to their health and wellbeing, including spirituality (Lachapelle, Dunnagan & Bird 2011). Another study exploring diabetes among Native

American men also highlighted their preference for a holistic approach to their health and wellbeing (Casey et al. 2008).

The process of relationship-building with Aboriginal men is a core feature of successful direct practice. At the micro level, empowering Aboriginal men to have input and ownership over their health and wellbeing is important to achieving sustained positive outcomes (Adams et al. 2017). Specifically in social work, Bennett, Zubrzycki and Bacon (2011, pp. 33-34), from their study exploring the nature of social work with Aboriginal peoples from Aboriginal and non-Aboriginal perspectives, suggest that the development of culturally respectful relationships and cultural courage are central.

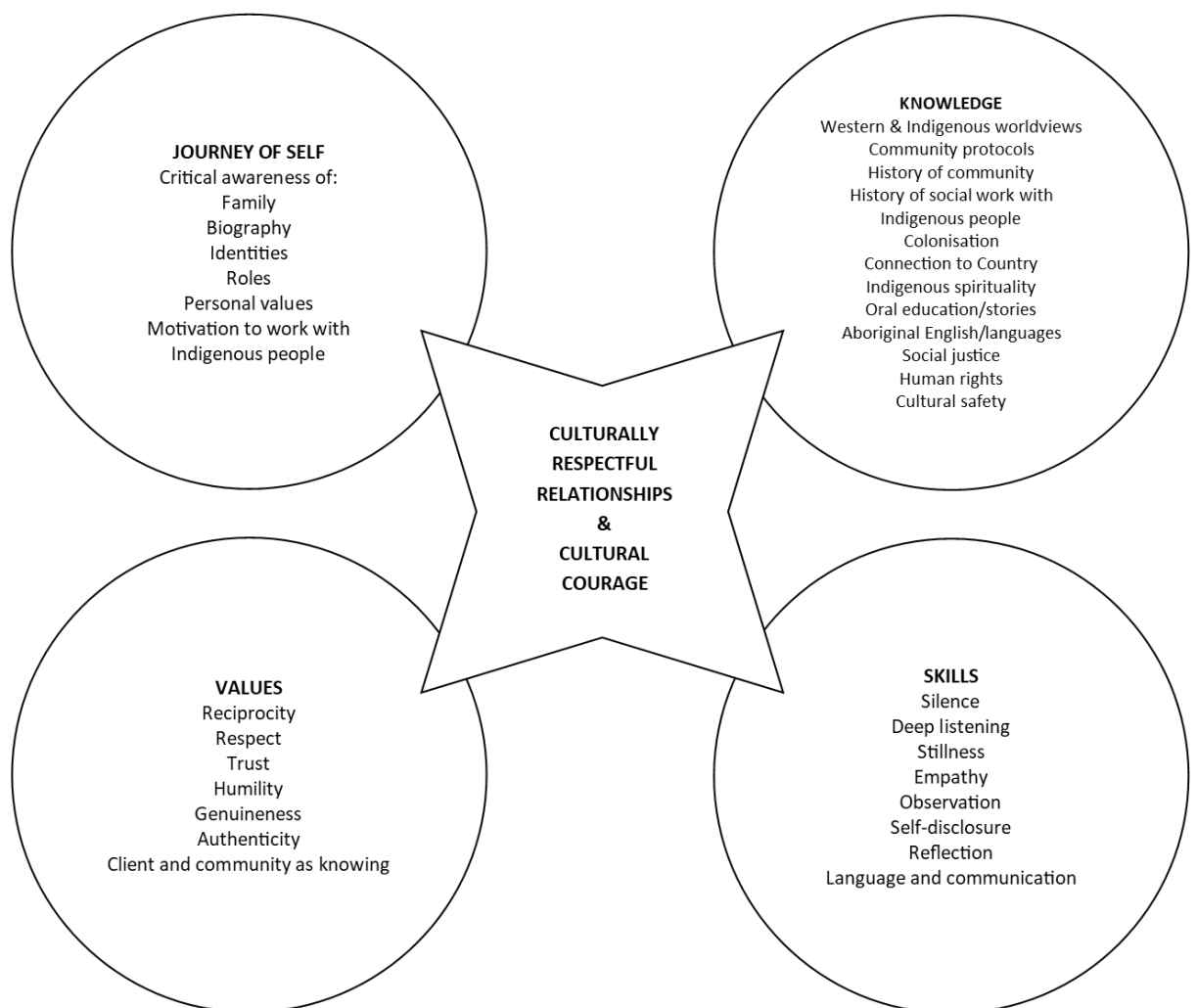


Figure 12.2 Practice framework for social work with Aboriginal people and communities (Bennett, Zubrzycki & Bacon 2011, p. 33)

The practice framework illustrated in Figure 12.2, above, was developed from interviews with 16 social workers and three Aboriginal community Elders with the aim of understanding practice narratives (Bennett, Zubrzycki & Bacon 2011). The sample consisted of seven Aboriginal social workers, eight non-Aboriginal social workers, one Māori social worker, and three Aboriginal elders who worked as cultural advisers and mentors with both the Aboriginal and non-Aboriginal social workers. To be eligible to participate, social workers had to have worked with Aboriginal people for more than five years, and to be well-regarded by the Aboriginal community, as assessed through the process of ‘vouching’.²⁴

The practice framework of culturally respectful relationships and cultural courage for social work with Aboriginal peoples has four key domains (Bennett, Zubrzycki & Bacon 2011). As illustrated in Figure 12.2, above, these domains are: journey of self and critical awareness; knowledge; values; and skills. These are central to Indigenous and non-Indigenous social workers achieving effective direct practice outcomes when working holistically across the four domains of health and wellbeing.

The culturally respectful relationships and cultural courage framework is useful for social workers (and other health professionals) to develop an effective working relationship with Aboriginal men. In Chapters 7 to 9, the Aboriginal men in the qualitative study articulated the importance of being understood and respected, instead of being marginalised as they often are in settler-colonial society.

In addition to the items listed in the practice framework by Bennett, Zubrzycki and Bacon (2011), reflecting on factors which may affect relationships with Aboriginal men can be beneficial to enhancing holistic direct practice. For example, does the

²⁴ Essentially, this is a process by which Aboriginal community members convey positive or negative information about a person or group. See Vicary and Westerman (2004) for a detailed discussion of vouching in Aboriginal communities.

social worker (or other health professional) hold biases against Aboriginal men, such as believing the deficit fathering narratives discussed in Chapters 10 and 11? Or, as in Chapter 4, how is the marginalisation of Aboriginal masculinity by settler-colonial society affecting the Aboriginal man the social worker is engaged with? The use of the practice framework as articulated by Bennett, Zubrzycki and Bacon (2011), with additional consideration for Aboriginal men's specific contexts, contributes to ensuring the holistic domains of health and wellbeing are being considered and successfully addressed at the micro level.

12.3 Micro and meso level: Enhancement of social connections

The second key meso-level benefit for the Aboriginal men participating in the nature-based therapy program was the enhancement of social connections at the micro level. The men all said they were able to form and sustain healthy social connections with other Aboriginal men during the nature-based therapy program. These social connections were a mixture of new friendships and enhanced existing friendships. When asked about their social connections, the men discussed them positively; laughter, support, having fun, and the sense of brotherhood that between the Aboriginal men were all raised.

At the micro level, all the Aboriginal men shared stories from their participation in the program. Their stories consisted of humorous accounts of events that had occurred during the nature-based therapy program, or described aspects of personal growth (see Towney (2005) on the therapeutic benefits of yarning for Aboriginal men). One of the younger men shared a story about how he had burned garlic bread while preparing an evening meal. Although this mishap was unfortunate, it had become a running joke with the other men, and contributed to a sense of fun and using humour to support each other (Geia, Hayes & Usher 2013; Towney 2005).

The importance of social connections between Aboriginal (and/or Torres Strait Islander) fathers and their children was also discussed in the papers presented in Chapters 10 and 11 based on national survey data. In Chapter 10, having strong social connections with their children to share Indigenous cultural practices was considered a key component of Indigenous fatherhood, while in Chapter 11, Aboriginal (and/or Torres Strait Islander) fathers were shown to be positively engaged in the lives of their children. The importance of social connections between Indigenous fathers and their children challenges the deficit-based fathering narrative discussed throughout this thesis (and exemplified by Bill Leak's cartoon; ABC 2016a): that Aboriginal men are disengaged and abnormal parents incapable of supporting their children and family.

The importance of social connections to health and wellbeing has been explored by many studies. One of the first empirical sociological studies by Emile Durkheim (1897) examined Western European society and found a direct link between social isolation and an increased likelihood of suicide. Since this ground-breaking study, many others have explored the importance of social connections for health and wellbeing in various cohorts, and how a range of other variables can influence this connection. For example, a study by Cohen (2004) suggests that, along with social connections, social supports, social integration, and negative social interactions all affect health and wellbeing outcomes.

The feeling of social connection generally depends on the quality and quantity of meaningful relationships a person has with others, such as family, friends, and the broader community (Kawachi & Berkman 2014). As House, Landis and Umberson (1988, p. 540) write: "Scientists have long noted an association between social relationships and health. More socially isolated or less socially integrated individuals are less healthy, psychologically and physically, and more likely to die."

Specifically for Aboriginal people in Australia, there is a small but growing body of research on the importance of social connections for health and wellbeing. In their comprehensive literature review of Aboriginal and Torres Strait Islander domains of wellbeing, Butler et al. (2019) noted the centrality of family, community, and kinship to stronger social and cultural connectedness. Conversely, Butler et al. (2019) noted the ongoing processes of colonisation harmed the formation of healthy social connections—an example of this is Aboriginal families and communities being forcibly broken apart and disconnected by government policies, such as the Stolen Generations (Dudgeon et al. 2014).

For Aboriginal people, maintaining social connections is essential to health and wellbeing. Social connections are a component of the health and wellbeing framework proposed by the Social Health Reference Group (2004), Principle 7 of which states: “The centrality of Aboriginal and Torres Strait Islander family and kinship must be recognised as well as the broader concepts of family and the bonds of reciprocal affection, responsibility and sharing” (Social Health Reference Group 2004, p. 6).

To reflect Principle 7, health and wellbeing programs for Aboriginal people at the meso level should consider social connections from an Indigenous perspective; in other words, by incorporating aspects of social connection such as family, kinship, and being integrated within the person’s Aboriginal community. Health and wellbeing programs should consider these Indigenous notions of family, kinship, community, and social connectedness, which allow for solid program foundations to build effective, high quality, and meaningful social connections. The qualitative and quantitative studies in this thesis align at the micro and meso levels with the Social Health Reference Group (2004) proposal, and with research by Butler et al. (2019).

12.3.1 Macro level: Social connections and the social and emotional wellbeing framework

At the macro level, the significance of social connections needs to be more clearly stated in Indigenous health and wellbeing documentation. The National Aboriginal Health Strategy Working Party (1989) first emphasised the need for a holistic approach to Aboriginal health and wellbeing, including social wellbeing:

‘Aboriginal health’ means not just the physical wellbeing of an individual but refers to the social, emotional and cultural wellbeing of the whole Community in which each individual is able to achieve their full potential as a human being, thereby bringing about the total wellbeing of their Community. It is a whole-of life view and includes the cyclical concept of life-death-life. (Australian Department of Health and Ageing (2013b); National Aboriginal Health Strategy Working Party (1989), cited in Australian Department of Health and Ageing 2013, p. 9)

Over the past two decades, this strategy has progressed into the *National Strategic Framework for Aboriginal and Torres Strait Islander Peoples Mental Health and Social and Emotional Wellbeing 2004–2009* (Social Health Reference Group 2004). This is the key foundational document in advocating for a holistic approach in the Indigenous health and wellbeing sphere. The framework has been endorsed by federal, state and territory governments, and has built a wide consensus among many stakeholders. It is used in the *National Aboriginal and Torres Strait Islander Health Plan 2013–2023* (Australian Department of Health and Ageing 2013b) and *Working Together: Aboriginal and Torres Strait Islander Mental Health and Wellbeing Principles and Practice* (Dudgeon, Milroy & Walker 2014).

The nine guiding principles in the *National Strategic Framework for Aboriginal and Torres Strait Islander People’s Mental Health and Social and Emotional Wellbeing 2004–2009* emphasise the importance of a holistic approach to health and wellbeing and its application in an Aboriginal and Torres Strait Islander context. As discussed in

the previous section, the Principle which most aligns with the need for healthy social connections is Principle 7, which covers Aboriginal family and kinship, as well as the broader concepts of family and the bonds of reciprocal affection, responsibility, and sharing (Dudgeon et al. 2014, p. xxiv).

‘Family and kinship’ includes social connectivity, but this thesis suggests that the primary purpose of this Principle is aimed at communicating Aboriginal and Torres Strait Islander structures of family. Indigenous family units are conceptually different from traditional Western models (i.e. the nuclear family), and to turn around the worse outcomes for Indigenous health and wellbeing, this difference needs to be acknowledged and valued. As explained in Chapters 10 and 11, Aboriginal (and/or Torres Strait Islander) fathers mentioned their children learning about their family and connecting with family as important to them growing up strong.

This thesis proposes that the *Social and Emotional Wellbeing Framework* should more clearly state the significance of social connectivity in improving Aboriginal and Torres Strait Islander health and wellbeing. Since Durkheim (1897) first identified a correlation between social isolation and suicide, our understanding of social connectivity as a powerful force with therapeutic benefits has become widely accepted (Berkman et al. 2000). By clearly reiterating the need for social networks, ties, and integration beyond the family unit within the social and emotional wellbeing principles, this may contribute to reducing the frighteningly high levels of psychological distress, rates of suicide (Australian Department of Health and Ageing 2013a, p. 1), and lowered average life expectancy (Australian Bureau of Statistics 2016) among Indigenous people in Australia.

A principle which clearly states the benefit of healthy social connections for Indigenous people should be developed by Indigenous people themselves. The development of such a principle by Indigenous people would be empowering, and

would help to ensure it is culturally appropriate. One issue that may be considered is how tensions between settler-colonial societies and Aboriginal societies continue to reduce Indigenous people's ability to form healthy social connections. Research by Habibis et al. (2016b, p. 17) investigating Indigenous people's experiences of racism from non-Indigenous people found that "Over 70% felt they were disrespected 'a lot' or 'sometimes' in the last 6 months". Habibis et al. (2016b, p. 17) write: "Negative racialised interactions (interpersonal racism) cause more than hurt feelings. They are linked to health, educational outcomes and psychological distress. Interpersonal racism experiences accumulate, resulting in ongoing concern/worry often leading to an avoidance of public spaces."

In recognising the experiences of racism and marginalisation, the Australian settler-colonial state must continue efforts towards meaningful reconciliation with Indigenous peoples. This process will contribute both to making settler society safer for Indigenous Australians and to enabling greater social connectivity for Indigenous people to enhance their health and wellbeing (see Bennett, Zubrzycki and Bacon (2011) for a discussion in the Australian social work context). Without achieving meaningful reconciliation, unsatisfactory social connectivity and health and wellbeing will persist for Aboriginal people.

An additional component of improving social connectivity between Indigenous and non-Indigenous peoples is the decolonisation of Australian settler society. The process of decolonisation includes critical analysis, deconstruction, and reconfiguring of systems and structures which marginalise Aboriginal worldviews (Green & Bennett 2018; Paradies 2016; Sherwood & Edwards 2006). Decolonising settler society should be an accompanying aspiration of allowing favourable social connections for Indigenous people to flourish.

In summary, the second key benefit for the Aboriginal men participating in the nature-based therapy program was the enhancement of social connections. The men all said that they were able to have healthy social connections with other Aboriginal men during the program. There is a growing body of literature which supports the significance of healthy social connections for health and wellbeing. *The Aboriginal and Torres Strait Islander Social and Emotional Wellbeing Framework* could be enhanced if the significance of social connections to improved health and wellbeing were more clearly stated.

12.4 Connecting with Country and practising Aboriginal culture

The third key benefit for the Aboriginal men participating in ‘Our Way on Country’ was the ability to connect with Country and practise Aboriginal culture. In the qualitative study (Chapters 7 and 9) and the qualitative analysis of LSIC data (Chapter 10), the Aboriginal men explained that being on Country and practising Aboriginal culture was an important component of their Aboriginal masculinity, which included making Aboriginal cultural items (spears, waddies, and clapsticks), learning and teaching Aboriginal culture, and sharing yarns.

The Aboriginal men indicated that the ongoing structure of settler colonialism made expressing Aboriginal masculinity difficult, because Australian settler-colonial society could marginalise them (Judd & Butcher 2016; Wolfe 1999). For example, one of the older men said he was unable to practise his Aboriginal culture by hunting kangaroos because the settler-colonial legal system would punish him (see Chapter 9), while one of the younger men said it was difficult for him to learn his culture because he could be marginalised by non-Indigenous society for being Aboriginal, and settler colonialism had made the transfer of knowledge between generations difficult (see Chapter 9, Ryan (2012) for a detailed exploration of settler colonialism in Tasmania).

These experiences of Aboriginal men in Tasmania being marginalised by the settler state when connecting with Country, are comparable to the documented experiences of Aboriginal men on mainland Australia 50 to 70 years earlier. The Anthropologist Jeremy Beckett (1978) details the experiences of George Dutton an Aboriginal drover. Mr Dutton continually walks in two worlds that have ontologically different understandings of Country. As an Aboriginal man, Country holds spiritual and cultural significance, while as a drover in settler society, Country is viewed primarily for its economic value. These same tensions between Aboriginal views of Country and Western views of land are experienced by Aboriginal men in Tasmania.

The nature-based therapy program contributed to the cultural and spiritual wellbeing domain of the men's health and wellbeing by providing a way to spend time on Country and practise their culture, and the men considered this important. This is similar to the findings of Ganesharajah (2009). In her study of Country and health and wellbeing, she found Aboriginal people had better health when able to spend time on Country. Conversely, the men interviewed for this thesis felt that a lack of connecting with Country or practising their culture contributed to poor health and wellbeing.

For many Aboriginal (and Torres Strait Islander) people, 'Country' refers to an ontological relationship that they have with nature (Moreton-Robinson 2003). This relationship generally consists of both a meaningful spiritual connection and a sense of belonging to the land. Despite the dramatic and ongoing negative effects of settler colonialism on the lifeworlds of Aboriginal people (i.e. trying to remove Aboriginal people from the land for resources and for the economic benefit of settlers), Aboriginal identity generally remains tied to the Country (land), and is inclusive of cultural practices, knowledges and intellectual traditions, and ownership of resource and their exchange between Aboriginal people (Ganesharajah 2009). According to Moreton-Robinson (2003, p. 31): "Our ontological relationship to land, the ways that country is

constitutive of us, and therefore the inalienable nature of our relation to land, marks a radical, indeed incommensurable, difference between us and the non-Indigenous.(Moreton-Robinson 2003, p. 31)”

The centrality of Country to the Aboriginal worldview is an important consideration for health and wellbeing professionals and organisations seeking to maximise health and wellbeing outcomes. The notion of partaking in and maintaining a connection to Country has been explored by Ganesharajah (2009, p. 1), who explains:

A key aspect to improving Indigenous wellbeing is exploring the relationship between land and wellbeing. Evidence exists which suggests there are positive physical health outcomes from living or working on country. However, it has also been argued that Indigenous health cannot improve whilst Indigenous peoples continue to live outside urban areas.

For the Aboriginal men participating in ‘Our Way on Country’, spending time connecting with Country was generally done in two ways. The first was collectively, with other Aboriginal men, and included telling stories, yarning, and sharing Aboriginal culture from the Country they were on. For example, when at putalina (Oyster Cove), the men told stories about the Country, such as its history as an Aboriginal mission, or contemporary stories about the putalina (Oyster Cove) Festival (see Chapter 7). The second way was to connect individually, using personal methods, such as sitting by the fire and reflecting on the significance of the Country, including how their ancestors had lived there, and taking time to enjoy the tranquillity and fresh air: *“You know, having that connection with Country, it’s part of your identity as being an Aboriginal person, being able to connect to a place”* (Nita).

Several studies have investigated the health and wellbeing benefits that Aboriginal people receive from spending time on Country. Burgess et al. (2009), when investigating the health status of Aboriginal people who care for Country, found substantial benefits to their physical and mental health. These positive health outcomes

included more frequent physical activity, better diet, lower BMI (Body Mass Index), and lower K-5 scores.²⁵ While, Trzepacz, Guerin and Thomas (2014) in their study found similar positive health and wellbeing outcomes for Aboriginal people when spending time on Country. Their study investigating Nukunu people's²⁶ experiences returning to Country when ill found benefits to psychological wellbeing and enhanced physical and mental health.

The significance of connecting with Country and spending time on Country is reflected in its recognition as a social determinant of Aboriginal health and wellbeing. Zubrick et al. (2014), in their work exploring Aboriginal and Torres Strait Islander social determinants of health and wellbeing, suggest that for Indigenous peoples in Australia, Country is a social determinant of social and emotional wellbeing. Similarly, Gee et al. (2014) explain Country (or land) is a component of social and emotional wellbeing because it is closely tied to Aboriginal identity and spirituality, while Zubrick et al. (2014) suggest that, for Aboriginal people, having and maintaining a connection to Country is a protective factor which contributes to health and wellbeing. Dodson (1997, p. 141) writes:

To understand our law, our culture and our relationship to the physical and spiritual world, you must begin with land. Everything about Aboriginal society is inextricably interwoven with, and connected to, the land. Culture is the land, the land and spirituality of Aboriginal people, our cultural beliefs or reason for existence is the land. You take that away and you take away our reason for existence.

The international Indigenous men's literature from the CANZUS states and on the Sámi also identifies land/nature (Country) as contributing to good health and wellbeing

²⁵ K-5 refers to the Kessler Psychological Distress Scale (Kessler-5). The K-5 is a measure of psychological distress during the previous four weeks, and is a subset of questions taken from the Kessler-10, developed by Professors Ron Kessler and Dan Mroczek. For details, see Department of Health (2018).

²⁶ The Nukunu are Aboriginal people from the Spencer Gulf area in the settler state of South Australia.

(see Chapter 3). For First Nations men in Canada, having and maintaining a connection to the land is an element of their health and wellbeing (Aboriginal Health 2014), while the Sámi in Scandinavia have their cultural practice of herding reindeer on their traditional lands, a practice central to Sámi identity and wellbeing, protected by legislation (Kaiser et al. 2013).

In summary, the third key benefit for the Aboriginal men participating in nature-based therapy was being able to spend time connecting with Country. The Aboriginal men reported holistic benefits to the domains of physical health, mental health, cultural and spiritual wellbeing, and the enhancement of social connections as a result of connecting with Country. This is the first time a study has shown the benefits of connection to Country for health and wellbeing for Aboriginal men in Tasmania and for the Tasmanian Aboriginal community. This research adds to the growing body of literature from across Australia which demonstrates the health and wellbeing benefits that decolonised approaches such as spending time connecting with Country can have for Aboriginal people.

12.4.1 Macro level: Aboriginal cultural practices are a strength

At the macro level, the positive associations of practising Aboriginal culture during the nature-based therapy program suggests that Indigenous culture should be regarded as a strength of Aboriginal people and not a deficit.²⁷ As argued in Chapter 5, taking a strengths-based approach with Aboriginal men is important because there is an unfair deficit narrative that has persisted since the beginning of colonisation (ABC News 2016a). A component of this deficit narrative focuses on Aboriginal culture, suggesting that it is primitive, unsophisticated, and inferior to Western European culture (Flood et al. 2007). However, the differences between the two cultures, and

²⁷ See Jacinta Price's claim that Aboriginal culture is to blame for violence and abuse (Guyula (2020), for example.

how they are perceived, are due to worldviews. inclusive of epistemology, ontology, and axiology (Walter 2013; Walter & Andersen 2013).

Chapter 10 focused on the positive associations between Aboriginal cultural practices and the transmission of Indigenous culture from fathers to their children. Using national survey data from the Longitudinal study of Indigenous Children (Department of Social Services 2018), the chapter explored why, according to Aboriginal (and/or Torres Strait Islander) fathers, the transmission of Indigenous culture is important, and how it is transmitted. The fathers indicated that learning their Indigenous culture assists Aboriginal (and/or Torres Strait Islander) children to grow strong in a variety of ways, including positive values, being proud, and learning about their identity and family.

Chapter 3 explored the health and wellbeing program needs of Indigenous men from the CANZUS countries. Amongst the four countries' Indigenous men, Indigenous culture functions as a safeguarding element which can increase resilience. Studies involving Māori (Edwards et al. 2009; Muriwai et al. 2015), Native American (Matamonasa-Bennett 2017), and Canadian First Nations (Aboriginal Health 2014; Gross et al. 2016) men all highlighted the positive role Indigenous culture plays in their health and wellbeing. Internationally, Indigenous cultural practices are a strength which contribute to the health and wellbeing of Indigenous men, and as a result culture should not be viewed as a deficit (Lee 2013).

Decolonising Australian settler-colonial society to value and cherish Aboriginal culture rather than marginalise it would amplify the positive effects Aboriginal people experience when practising their culture (Morgensen 2015). For example, valuing Aboriginal culture at the macro level would empower Aboriginal people, putting them in a position where they can share their culture and feel valued. This can then filter down to the meso level (Parsons et al. 2017), by organisations aiming to enhance health

and wellbeing outcomes through integrating Aboriginal culture into service programs. This could take the form of cultural workshops, or cultural revival programs to fight back against the destructive process of settler colonialism (Tengan 2008).

At the macro level, governments and policy-makers can consider how Aboriginal culture can be embedded into policy and procedures. There are many strengths that Aboriginal culture can offer Australian settler-colonial society if settler worldviews shift away from perceiving Indigeneity as a deficit. A recent example is the discussions about Aboriginal cultural burning practices and successfully managing Australia's increasingly destructive bushfires ((McKemey et al. 2020; Moura et al. 2019). As McKemey et al. (2020, p. 4) write:

The unprecedented 'Black Summer' bushfires of 2019–20 in southeast Australia burnt over 10 million ha and affected more than a billion native animals. This resulted in public questioning of existing bushfire management strategies and discussion about alternatives, such as cultural fire management. In light of increasing public interest in Indigenous cultural fire management and the Indigenous community-driven revival of cultural burning as an applied practice, there is a need to analyse the existing information to inform ongoing development of contemporary cultural fire management in southeast Australia.

In summary, Aboriginal cultural practices are a strength for Aboriginal people, and should be valued by and, where appropriate, integrated into Australian settler-colonial society. The practising of Aboriginal culture improves health and wellbeing for Aboriginal people, but there are still settler-colonial narratives which portray Aboriginal culture as a deficit (see, for example, Jacinta Price in Guyula (2020)). The decolonising of Australian settler-colonial society to value Aboriginal culture will be beneficial to Aboriginal people and settlers alike. Through the use of a micro-, meso-, and macro-level framework (Parsons et al. 2017) in conjunction with Saleebey (1996) six strengths-based principles, settler-colonial society can work towards collaborating with Aboriginal people and embedding their cultural practices.

12.5 ‘Space and place’ to express Aboriginal masculinity

The fourth key benefit for the Aboriginal men of their participation in the nature-based therapy program was having ‘space and place’ to express their Aboriginal masculinity away from Australian settler-colonial society (see Wolfe 1999 for a detailed discussion on settler colonialism). This is a significant finding because, as explained previously, there is not currently a critical Australia-wide theory of Aboriginal masculinity (Mukandi et al. 2019). For the Aboriginal men, having their own ‘space and place’ away from settler-colonial society was important for five key reasons:

- (i) First, the ‘space and place’ allowed the Aboriginal men to express their Indigenous masculinity more freely, without the worry of being marginalised by Australian settler-colonial society;²⁸
- (ii) Second, being on Country provided holistic benefits to health and wellbeing, and specifically in the domain of cultural and spiritual wellbeing;
- (iii) Third, mental health and wellbeing benefited because the space provided during the program allowed the Aboriginal men to get away from day-to-day stressors in a meaningful way;²⁹
- (iv) Fourth, benefits to physical health were attained from having ‘space and place’ away from the mostly urban locations in which they lived (i.e. fresh air); and
- (v) Fifth, as discussed in Chapter 10, Indigenous fathering practices, such as collecting cultural foods and being on Country, can be shared with their children.

A majority of the Aboriginal men interviewed said that one of the key benefits of participating in nature-based therapy was being provided with space. The majority discussed the concept of space, and emphasised that it provided them with greater

²⁸ See Chapter 4 on marginalisation and the need for decolonisation.

²⁹ See Chapter 9 on additional stresses Aboriginal men in Tasmania experience. These stresses often stem from the ongoing process of settler colonialism, and include marginalisation, denial of identity, loss of Aboriginal culture, and transgenerational trauma.

freedom to express their Aboriginal masculinity, which included practising and sharing Indigenous male culture, such as by making Aboriginal tools (like spears, waddies, and clapsticks), yarning, sharing similar Indigenous male values and attitudes, and sharing cultural practices with their children.

The notion of Aboriginal men having space to express their masculinity has not yet been explored in Australia, but it has been researched among Indigenous men in other settler-colonial societies. Brendan Hokowhitu (2007), in his essay ‘The Silencing of Māori Men’, explores the notion of space for Māori men to express their masculinity in the Aotearoa/New Zealand settler-colonial state. He suggests that the process of settler colonialism has narrowed the space Māori men have to express their masculinity, which has contributed to the dysfunctional Māori masculine stereotypes of the ‘humble Māori man’ and the ‘violent Māori man’. The construction of these two Māori masculinities serves a purpose and contributes to the ongoing process of settler colonialism in Aotearoa/New Zealand. As Hokowhitu (2007, p. 70) states: “Through colonial social construction, the notion of Māori masculinity has been afforded a narrow space that, in part, has led to the extremely dysfunctional Māori masculine archetype often performed in contemporary society.”

This thesis suggests that Aboriginal men have also been ‘afforded’ a narrow space to express their Indigenous masculinity in the Australian settler-colonial state. Further, Aboriginal men have been stereotyped similarly to the ‘violent Māori man’ and the ‘humble Māori man’ tropes. For Aboriginal (and Torres Strait Islander) men and male youths in Australian settler-colonial society, some of the most common stereotypes are:

- (i) The highly dysfunctional Aboriginal man who is too primitive and uncivilised by Western settler society standards (Flood et al. 2007);

- (ii) The deviant Aboriginal man who is often physically and sexually violent (Coram & Hallinan 2017; Wild & Anderson 2007); and
- (iii) The disengaged and abnormal Aboriginal father incapable of supporting his children and family (ABC News 2016a).

These Australian settler-colonial state stereotypes (the dysfunctional, the deviant, and the disengaged and abnormal Aboriginal father) ignore the harmful and continuing impacts of settler colonialism (Cox 2017; Wolfe 1999). As detailed in Chapter 9, the ongoing process of settler colonialism has affected Indigenous peoples in numerous ways, for example: Aboriginal men and their family members growing up on reserves or missions, Aboriginal family and community experiences of transgenerational trauma, the loss of Aboriginal culture, and the denial of Aboriginal identity. These ongoing negative experiences need to be taken into account in discussions of Aboriginal men, their masculinities, fatherhood, and the negative stereotypes promulgated by the Australian settler-colonial state.

The persistence of these negative stereotypes serves a purpose to the Australian settler state in justifying the ongoing process of settler colonialism, an example of which was their use in the period leading up to the implementation of the *Northern Territory National Emergency Response Act 2007* (Konishi 2011), sometimes referred to as the ‘Intervention’. The implementation of this Act was partly justified by the alleged adverse behaviour of Aboriginal men, pushed in sensationalist media stories under headlines such as ‘Raping children part of ‘men’s business’’ (Kearney & Wilson 2007) and ‘Spare the victims—Remove the violent men’ (Skelton 2006). These stereotypes are not part of Aboriginal culture, as suggested by Jacinta Price (see Guyula (2020), rather they are the by-products of being a marginalised Indigenous minority in a settler-colonial state.

The basis of these stories concerning the excessive deviance of Aboriginal men during the Northern Territory Intervention has been countered by numerous sources. For

example, the worst cases of sexual abuse during this time in the Northern Territory were perpetrated by non-Aboriginal men (Konishi 2011), and the *Little Children Are Sacred* report (Wild & Anderson 2007) found no examples of Aboriginal cultural practices being used as a defence of child abuse. The report also cautioned the media and society against attributing individual behaviours to Aboriginal men as a whole.

Undesirable individual Aboriginal male behaviours (i.e. deviant, dysfunctional, and disengaged) are often unfairly attributed to all Aboriginal men. Conversely, when there are individual examples of similar settler male behaviours, they are not attributed to all white men but are viewed individually. This is not to suggest that Aboriginal men do not exhibit undesirable behaviours. Both historically and today, when Aboriginal men exhibited undesirable behaviours they were/are viewed as individual character flaws. Hokowhitu (2007), in his essay exploring space for Māori masculinity, makes a similar argument, emphasising that the unfair settler stereotypes of Indigenous men historically would be viewed as individual character flaws within Indigenous society. Mladineo et al. (2017, p. 70) concur:

Prior to the broader silencing of Māori culture, Māori men were not voiceless. Indeed, the hyper-physicality, and the emotional and intellectual lack described would have been viewed as character flaws. Māori people, in general, sought holistic balance in their lives.

In summary, the ‘Our Way on Country’ program provided the Aboriginal men with space and place away from settler-colonial society. This space and place was important for the Aboriginal men, because it allowed them to express themselves more freely and not be restricted by settler-colonial notions of masculinity. Negative stereotypes of Aboriginal men and Aboriginal cultural practices were used to partly justify the *Northern Territory National Emergency Response Act 2007*, which removed Aboriginal people from their land and resources to benefit the settler-colonial state, and demonstrates how Aboriginal men and their masculinity are continually

marginalised by settler-colonial society to serve a purpose. From a health and wellbeing perspective, until settler-colonial society is decolonised, Aboriginal men need space and place to freely express their Aboriginal masculinity, which includes fathering epistemes such as the sharing and valuing of Indigenous cultural practices with their children (see Chapter 10), and spending time with their children (see Chapter 11).

12.5.1 Having spaces for the expression of Aboriginal masculinity

Encouragingly, there are other methods which have been explored that provide spaces for Aboriginal men and their masculinity, such as Aboriginal Men's Sheds. As explained by the Australian Federal Government's Department of Health (2020, p. 1):

A men's shed is a community-based, non-commercial organisation that is open to men. Men's sheds provide a place where men can feel included and safe. The aim of men's sheds is to improve the health and wellbeing of their members.

Specifically for Aboriginal men, research has found participation in Men's Sheds can result in benefits in some additional areas compared to non-Indigenous men. For Aboriginal men in specific Aboriginal Men's Sheds, there can be a heightened feeling of cultural inclusion and cultural safety, and of having a space to express themselves and components of their Indigenous masculinity (Misan & Sargeant 2008). Research by Cavanagh et al. (2016) suggests that Aboriginal Men's Sheds are socially inclusive spaces where Aboriginal men can develop skills to deal with the ongoing harmful impacts of settler colonialism. Similar research by Henwood et al. (2017) suggests that Aboriginal Men's Sheds provide an encouraging, culturally safe space to learn new skills and practise their Aboriginal culture.

The notion that Aboriginal Men's Sheds provide a space for Aboriginal masculinity has been confirmed by several studies. As discussed in this chapter, having space for the expression of Aboriginal masculinity is important because Aboriginal masculinity

is marginalised by settler-colonial society. The Aboriginal Men's Shed model is a way to provide a culturally safe space for Aboriginal men to express their masculinity and practise Aboriginal culture (Cavanagh et al. 2016; Henwood et al. 2017). This model is a meaningful alternative to the nature-based therapy detailed in the previous section of this chapter. Further, the Aboriginal Men's Shed model may be more appropriate for some older Aboriginal men (Cox et al. 2020) or Aboriginal men whose movement is restricted such that it is difficult for them to be in nature or on Country (i.e. physical disability, severe mental illnesses, drug or alcohol withdrawal that needs medical supervision, or poverty).

Another method which has been explored to provide space for the expression of Aboriginal masculinity is fathering groups (Canuto et al. 2020). Fatherhood is a key component of Aboriginal masculinity, and although the Aboriginal (and Torres Strait Islander) fathering literature is underdeveloped (Canuto et al. 2020), there is some research which identifies the importance of space for Aboriginal fathers (Collard et al. 2016b). Connected to this, Chapter 10 explored the significance of Indigenous cultural practices to Aboriginal (and/or Torres Strait Islander) fathering and of sharing these with their children. Components of these cultural practices relating to space included the collection of cultural foods, being on Country, specific teaching, and telling yarns or stories about the land.

Interestingly, the importance of specific spaces for Indigenous men has been explored internationally. Ty Tengan (2008) in his work detailing Indigenous Hawaiian masculine identities, talks about settler colonialism and global tourist commodification. As a result, many Indigenous Hawaiian men report feeling emasculated, disempowered, and disconnected from their identity. For one group of Indigenous Hawaiian men, a response to these issues has been the creation of a specific space

called the Hale Mua (the Men's House). Here the men can practise their culture, safely talk about their identity, and discuss issues affecting them.

While in Canada, a lack of healthy spaces for Indigenous men and youths to express their masculinity has contributed to their involvement in gangs (Henry 2015). The marginalisation of Indigenous masculine identities by settler colonial structures, has meant there is minimal spaces where the expression of Indigenous masculinity is valued. As a result, participation in gangs offer a space where Indigenous men can express masculinity and replicate the violence which is used against them by the ongoing structure of settler-colonialism (Henry 2015). Thus, having healthy spaces such as Men's Sheds, Fathering Programs, and Men's Groups are important because they offer space where Indigenous men can feel valued.

12.5.2 Having places for the expression of Aboriginal masculinity

The notion of space and place for the expression of Aboriginal masculinity supports broader conversations about land, the Australian settler-colonial state, and Aboriginal people. Throughout the Australian continent, as settlers have illegally claimed land for the British Government there is a continuation of contempt regarding land and treat between settlers and Aboriginal people (Banner 2005). As detailed in section 9.5 (Country and culture), above, this illegal occupation was justified under the doctrine of *terra nullius* (Banner 2005). Specifically in the settler state of Tasmania, there has never been a formal treaty between Tasmanian Aboriginal people and the British Government, or the later Tasmanian or Australian settler-colonial governments (Ryan 2012).

In Tasmania, as of July 2017, less than one percent (0.93%) of the landmass, all of which is Aboriginal land,³⁰ has been returned to the Tasmanian Aboriginal community (Tasmanian Aboriginal Centre 2020). The land that has been handed back is held by the Aboriginal Land Council of Tasmania (ALCT), and includes areas of significance to the Tasmanian Aboriginal community such as Cape Barren Island, putalina (Oyster Cove), preminghana (Mt. Cameron West), and a number of muttonbirding islands. In addition to the land held by the ALCT, there are some Indigenous Land and Sea Corporation (ILSC)-held³¹ land and granted land. The land held and granted to the ILSC amounts to approximately 0.1 per cent of the Tasmanian landmass.

There are still tensions between Tasmanian Aboriginal people and the Tasmanian settler-colonial state resulting from the lack of a formal treaty. In 1992, the foundation of the settler-colonial occupation of Australia was deemed illegal when the High Court overturned the doctrine of *terra nullius* in *Mabo v Queensland (No 2)* (*Mabo's Case* 1992), yet Australia remains the only CANZUS settler-colonial state not to have a treaty with its Indigenous peoples.

This thesis suggests that Aboriginal men would benefit from specific geographical spaces (i.e. land, Country) to express their Indigenous masculinity for increased benefits to their health and wellbeing. As detailed in section 9.5, when Aboriginal men were able to spend time on specifically Aboriginal land, their holistic health and wellbeing was further enhanced; this was essential.

³⁰ I use the term 'Aboriginal land' because without a formal treaty, and following the overturning of the legal doctrine of *terra nullius*, it is Aboriginal land, not the Crown's. This is a complex legal and social debate outside the scope of this thesis, but see, for example, Banner (2005).

³¹ The Indigenous Land and Sea Corporation (ILSC) is a Commonwealth corporate entity established under the *ATSI Act* and subject to the *PGPA Act* (Indigenous Land and Sea Corporation 2019, p. 1). The ILSC aims to assist Aboriginal and Torres Strait Islander people to achieve economic, social, cultural, and environmental benefits that the ownership and management of land, water, and water-related rights can bring.

Further, the importance of having place for Aboriginal (and/or Torres Strait Islander) fatherhood was explored through national survey data in Chapter 10. For fathers to share many Indigenous cultural practices, place is a requirement. For example, some activities fathers undertake with their children to pass on Indigenous culture which require place include: Country, cultural events, dancing, collecting cultural foods, and passing on particular teachings. Without places for Indigenous fathers to share these cultural practices with their children, a key component of Aboriginal masculinity (fatherhood) cannot be fully expressed.

The notion of space and place for the expression of Aboriginal masculinity relates to broader conversations about land, treaty, the Australian settler-colonial state, and Aboriginal people. During the nature-based therapy program, the Aboriginal men discussed the importance of having space and place on Aboriginal land to their health and wellbeing. Having space and place specifically on Aboriginal land is difficult in Tasmania because less than one per cent of the land has been returned to the Tasmanian Aboriginal community. This minimal return reflects unfinished business between the settler-colonial state (both Tasmanian and Australian) and Aboriginal people. Resolving this unfinished business through a treaty (or treaties) would contribute to enhancing the dismal health and wellbeing outcomes of Aboriginal men.

In summary, the fourth key benefit of participation in the nature-based therapy program for the Aboriginal men was having space and place to express their Aboriginal masculinity (including fatherhood). This is important because settler-colonial society marginalises Aboriginal masculinity and fathering practices, and restricts the ability of Aboriginal men to express components of their Indigenous identity. In addition to nature-based therapy programs, Aboriginal Men's Sheds have been found to provide Aboriginal men with space to express their identity. When investigating nature-based therapy, the men reported that spending time specifically

on Aboriginal land benefited their health and wellbeing. However, this leads to a broader conversation about the small amounts of land returned to the Tasmanian Aboriginal community, and about a treaty (or treaties) between Aboriginal people and the Australian settler-colonial state.

As explored in this chapter, having safe ‘spaces and places’ to express Aboriginal masculinity (including fatherhood) on Aboriginal land contributes to enhancing holistic health and wellbeing. Until such time as the Australian settler-colonial state is decolonised and safe for Aboriginal men to express their Indigenous masculinity, Aboriginal men need these ‘spaces and places’.

12.6 Conclusion

The nature-based therapy program provided four key benefits to the Aboriginal men who participated. The first was holistic benefits to the four domains of Aboriginal health and wellbeing: physical health, mental health, cultural and spiritual wellbeing, and social connections. The second key benefit from the program for the Aboriginal men was the enhancement of healthy social connections. Healthy social connections are important because social connectivity correlates with improved physical and mental health, and wellbeing. The third key benefit for the Aboriginal men participating in the nature-based therapy program was the ability to connect with Country and practise Aboriginal culture. If they were unable to spend time connecting with Country or practising their Aboriginal culture, the Aboriginal men considered themselves to have poor health and wellbeing. The fourth key benefit of nature-based therapy for the Aboriginal men was having ‘space and place’ to express their Aboriginal masculinity (including fatherhood); settler-colonial society hegemonic masculinity marginalises Aboriginal masculinity, and restricts Aboriginal men’s ability to express their Aboriginal identity, including cultural practices and worldviews. The program provided the men with space and place.

The national survey data, too, showed that fathers having space and place to share Aboriginal (and/or Torres Strait Islander) cultural practices with children is key to them growing up strong. Without this space and place, men are unable to successfully fulfil a key component of Aboriginal (and/or Torres Strait Islander) masculinity, which is fatherhood.

Overall, Aboriginal men need spaces and places to express their Indigenous masculinity, and fatherhood, and Indigenous identities until Australian settler-colonial society is decolonised. Only then will the expression of Aboriginal masculinity cease to be marginalised and instead be valued and appreciated.

Chapter 13 – Conclusion

13.1 Summary and implications

This thesis set out to explore Aboriginal masculinity in Australia. Developing a deeper understanding of Aboriginal masculinity is important because although some localised and regional research has been done (McCoy 2008; Mukandi et al. 2019; Smith et al. 2020), there is not yet an Australia-wide critical theory of Aboriginal masculinity (Arabena 2017). The intersection of Indigeneity and masculinity is a key social phenomenon that shapes the lives of Aboriginal men and contributes to their having “the worst health outcomes of any group in Australia” (Australian Department of Health and Ageing 2013b, p. 36).

The thesis had three aims:

- (i) to provide a sociological and social work understanding of Aboriginal masculinity in Australia;
- (ii) to understand how Aboriginal men experience nature-based therapy enhancing their health and wellbeing; and
- (iii) to provide a strengths-based narrative of Aboriginal men.

The exploration of these three aims was underpinned by Indigenous standpoint theory to centre my Aboriginal worldview (Foley 2003), and by recognising that settler colonialism is an ongoing structure with devastating effects on the lives of Aboriginal men (Wolfe 1999).

13.1.1 A critical understanding of Aboriginal masculinity in Australia

There is currently no national theory of Aboriginal masculinity, although some scholars have begun local discussions (see McCoy (2008), Mukandi et al. (2019) and Smith et al. (2020)). Drawing on a qualitative study of nature-based therapy, national survey data on Aboriginal (and/or Torres Strait Islander) fathers, and international research on Indigenous masculinity, and by taking a strengths-based approach, this

thesis has developed a narrative of Aboriginal men and their masculinities in contemporary Australia.

Two theories on Aboriginal masculinity in Australia have emerged. The first is ‘decolonising settler-colonial masculinity’. Chapter 4 argued that settler-colonial masculinity needs to be decolonised if Aboriginal men are to be free to express their Indigenous identity. The ongoing tensions between Aboriginal people and settler-colonial society often result in Indigenous men and their masculinity being marginalised. To improve this situation, the current configuration of settler-colonial masculinity must be critically analysed, deconstructed, and reassembled to be more inclusive. To begin this process, we can learn from other social movements that have aimed to challenge heteropatriarchal power.

The process of decolonising settler-colonial masculinity is also important for Indigenous fathers to feel their approaches to fatherhood are respected and valued. In Chapter 10, data from the Longitudinal study of Indigenous Children were explored to illustrate the importance of decolonised approaches to Aboriginal (and/or Torres Strait Islander) fathering. The significance of passing down Indigenous cultural practices to the strong maturation of children was investigated. The Indigenous fathers discussed reasons why cultural practices contributed to their children’s maturation, and the varying ways they transmitted these practices.

The second theory of Aboriginal masculinity this thesis has developed is ‘space and place’. The development of this theory drew on the scholarship of Māori scholar Brendan Hokowhitu (2007), who explores the concept of Māori masculinity being ‘afforded space’ by Aotearoa/New Zealand settler-colonial society. In Chapter 7, the thematic analysis of qualitative interview data found that Aboriginal men felt nature-based therapy to be beneficial because it provided ‘space and place’ to express their Aboriginal masculinity, in the form of cultural practices and worldviews.

In Chapter 12, the importance of ‘space and place’ to express Aboriginal masculinity was discussed. One of the key benefits of ‘Our Way on Country’ was that it facilitated freer expression of Aboriginal masculinity. The idea of ‘space’ for Aboriginal masculinity led to a discussion about other ‘places’ where Aboriginal men have space. The Men’s Shed movement, and specifically Aboriginal Men’s Sheds, are one initiative that has also been found to provide space for Aboriginal men (Misan & Sargeant 2008). In Aboriginal Men’s Sheds, men can feel culturally safe and included while also having space to express themselves and components of their Indigenous masculinity.

In Chapter 12, the second conversation about ‘space’ for the expression of Aboriginal masculinity had to do with land and the returning of land or ‘place’. As discussed in Chapters 7 and 12, having Country (land) which holds stories of significance to Aboriginal people, and the ability to undertake Aboriginal specific cultural practices, were important ‘places’ for the men. Less than one per cent of Tasmania (lutruwita) has been returned to the Tasmanian Aboriginal community. The return of land is important to providing ‘space and place’ for Aboriginal men to express aspects of their Indigenous masculinity, including undertaking Aboriginal cultural practices such as the making of tools, and collecting traditional foods.

13.1.2 Effectiveness of nature-based therapy for enhancing the health and wellbeing of Aboriginal men

The second aim of this thesis was to examine the effectiveness of nature-based therapy for enhancing the health and wellbeing of Aboriginal men. Surprisingly, there has been minimal research on nature-based therapy for Aboriginal men, despite nature being a principal component of Aboriginal identity and culture. For Aboriginal men, in addition to primary health care (Canuto et al. 2018), having holistic and innovate ways to enhance and maintain their health and wellbeing is important. These methods should

be conceptualised from an Aboriginal worldview and developed by Aboriginal men, as was the ‘Our Way on Country’ program. Solely Western approaches to Aboriginal health and wellbeing can overlook Aboriginal domains of health and wellbeing such as cultural and spiritual wellbeing (see Chapter 8).

Chapters 7 and 12 explored data from the qualitative study on Aboriginal men and their participation in ‘Our Way on Country’. For the Aboriginal men, participation had four key benefits, three of which were unsurprising: holistic benefits to health and wellbeing, the ability to spend time on Country and practise Aboriginal culture, and the enhancement of social connections. The fourth key benefit, providing ‘space and place’ for the expression of Aboriginal masculinity, was unexpected, and furthered the primary aim of this thesis, which was to achieve a deeper understanding of Aboriginal masculinity.

The qualitative study of nature-based therapy with Aboriginal men contributes to a small body of literature on the effectiveness of nature-based therapy, or on-Country health and wellbeing programs, for enhancing the health and wellbeing of Aboriginal people. As discussed in Chapter 12, having a way of communicating innovative and impactful program developments between Aboriginal Community Controlled Health Organisations (ACCHOs) would be helpful, and could take the form of a page on the National Aboriginal Community Controlled Health Organisation (NACCHO) website, or similar. Further, there needs to be greater provision for health and wellbeing programs to undergo evaluation from an Aboriginal worldview. Currently, the Australian Federal Government is holding discussions on Aboriginal health and wellbeing evaluations (see Productivity Commission (2020)).

13.1.3 The use of a strengths-based approach

The third aim of this thesis was to use a strengths-based approach for Aboriginal men. Holistic depiction of Aboriginal men, inclusive of their many strengths and

acknowledging the ongoing harms of settler colonialism, is important to dislodging deficit-based narratives. In some segments of Australian settler society lies an entrenched, unfair, and incorrect deficit narrative which characterises Aboriginal men (and male youths) as disproportionately deviant, dysfunctional, and disengaged (ABC News 2016a).

As discussed in Chapter 5, Saleebey (1996) six-principle strengths-based approach, in conjunction with a micro-, meso-, and macro-level structure (Parsons et al. 2017), is a useful framework for identifying and embedding the many strengths of Aboriginal men. This framework assists those working in the Aboriginal men's space at a micro, meso, and macro level because it provides a framework to reflect on possible biases.

13.2 Future directions

From this thesis a number of exciting future directions have arisen regarding Aboriginal masculinity, nature-based therapy, and the use of a strengths-based approach. The development of the minimal literature on these subjects is important to empowering Indigenous men in overcoming their extremely poor health outcomes, the worst of any group in Australia (Australian Department of Health and Ageing 2013b).

13.2.1 Aboriginal masculinities: 'Decolonising settler-colonial masculinity', 'space and place'

Having a greater understanding of Aboriginal masculinity is important because the intersection of Indigeneity and masculinity is a key social phenomenon that shapes the lives of Aboriginal men. Future research could explore the two theories of Aboriginal masculinity created in this thesis in a number of ways. First, the theories could be evaluated with further empirical research, which could include testing the theories of 'decolonising settler-colonial masculinity' and 'space and place' to understand their usefulness for improving the lives of Aboriginal men. For example, the theory of

‘space and place’ could be used to create ‘spaces’ and ‘places’ for Aboriginal men to safely express their masculinity, and these could then be evaluated.

The second way the theories could be expanded is by further linking them to international Indigenous masculinity literature. Australia, in comparison to the other CANZUS countries, is significantly under-developed in the field of Indigenous masculinity (see Arabena (2017); Mukandi et al. (2019)). The work of scholars like Māori man Brendan Hokowhitu (2003, 2012, 2014, 2015), Saulteaux First Nation man Robert Innes (see Innes and Anderson (2015a); Innes and Anderson (2015b)), Indigenous Hawaiian man Ty Tengan (2008), and Diné (Navajo) man Lloyd Lee (2013) are useful starting points to build upon this thesis.

13.2.2 Aboriginal men’s health and wellbeing and nature-based therapy

Another future direction relates to the second aim: to determine the effectiveness of nature-based therapy in enhancing Aboriginal men’s health. As discussed in Chapter 2, very few studies have examined decolonised approaches to improving Aboriginal men’s health and wellbeing. Further research, developed in consultation with Aboriginal men, needs to be undertaken, with greater emphasis on preventative health and health and wellbeing provisions that are culturally appropriate and mindful of gender.

The encouraging benefits of connecting with Country for Aboriginal men’s health should be considered by service providers and integrated into their service delivery. The growing body of literature discussed in the previous section suggests that spending time on Country and connecting with Country provides holistic benefits to health and wellbeing. The two foremost models of health and wellbeing service delivery utilised by Aboriginal and Torres Strait Islander people are Australian mainstream service providers, and Aboriginal Community Controlled Health Services (ACCHSs) (Alford 2014; Campbell et al. 2018).

The ability of mainstream service providers to integrate a uniquely Aboriginal concept of connecting with Country for improved health and wellbeing is uncertain. The ontological differences between Aboriginal 'Country' (see Moreton-Robinson (2003)) and non-Indigenous notions of land create added layers of difficulty for mainstream providers to deliver meaningful 'on-Country' experiences with a therapeutic intent. Further, if mainstream service providers were to deliver 'on Country' programs, this may well be disempowering for Aboriginal people who should have ownership of their cultural practices and unique Aboriginal health and wellbeing concepts. This thesis suggests that if a mainstream organisation were to deliver 'on-Country' health and wellbeing programs, it would need comprehensive Aboriginal governance and control from conceptualisation and planning to delivery and evaluation. If Aboriginal people are not empowered to deliver their own health and wellbeing programs, particularly those based on uniquely Aboriginal concepts like 'on-Country' trips, the process and strategy of settler colonialism will continue.

ACCHSs are the second key service utilised by Aboriginal and Torres Strait Islander people . This thesis suggests that ACCHSs are the services best suited to delivering Aboriginal health and wellbeing programs which incorporate the concept of Country. The key strengths of ACCHSs are their holistic approaches to health and wellbeing, that they are controlled and governed by the local Indigenous community, and that they employ local Indigenous people. This means these services and their employees have the expertise to deliver culturally appropriate programs which can incorporate uniquely Indigenous concepts like connecting with Country for therapeutic purposes (Alford 2014; NACCHO 2020). The idea of Country is bound up with cultural understandings and is ontologically unique (Dudgeon et al. 2014; Moreton-Robinson 2003). Because of this it may not be appropriate for non-Indigenous people to facilitate

a visit to certain Country for cultural reasons, such as the site being sacred or gender-specific (see McCoy (2008) on sacred men's business).

The model of delivery for the nature-based therapy programs described in this thesis was developed by partnership between Aboriginal men in the Tasmanian Aboriginal community, Karadi Aboriginal Corporation (an Aboriginal community-controlled and -governed organisation), and Adventure Works (a nature-based therapy/Bush Adventure Therapy specialist). NACCHO should consider how similar models of on-Country therapy programs can be delivered in their region.

There are several on-Country program variants currently operating across Australia run by Aboriginal and Torres Strait Islander people. For example, former Aboriginal television personality Ernie Dingo is running a series of 'Camping on Country' trips with Indigenous men, aiming to improve their health holistically (Kim 2019). The program has received \$1 million in funding over two years to run 20 camps:

We're going back on country with the men to strengthen their mentality towards their culture, their lore, their language, but more so for medical benefits. We have a team of medical officers who come out, male of course, who do checks on them so they can talk freely about their health, sitting around campfires. We talk about needs in their community and just talk about things as a men's group that we won't be able to talk about in town or around family and stuff. (Ernie Dingo, quoted in Kim (2019))

In summary, the encouraging benefits of connecting with Country for Aboriginal men's health mean service providers should consider this for integration into service delivery. This thesis has suggested that ACCHSs are better positioned than mainstream providers to integrate Country into service delivery, because Country is a unique concept connected with Aboriginal culture and identity. In addition to these cultural difficulties, non-Indigenous delivery of on-Country therapeutic programs can be both

disempowering for Aboriginal people and perpetuating of the process of settler colonialism over Indigenous knowledges.

13.3 Conclusion

In 2017, 250 Aboriginal and Torres Strait Islander delegates from across Australia signed the *Uluru Statement from the Heart*. The statement articulated the centrality of land and Country to Aboriginal and Torres Strait Islander peoples (Referendum Council 2017, p. 1):

We gathered at the 2017 National Constitutional Convention, coming from all points of the southern sky, make this statement from the heart: Our Aboriginal and Torres Strait Islander tribes were the first sovereign Nations of the Australian continent and its adjacent islands, and possessed it under our own laws and customs. This our ancestors did, according to the reckoning of our culture, from the Creation, according to the common law from ‘time immemorial’, and according to science more than 60,000 years ago.

This sovereignty is a spiritual notion: the ancestral tie between the land, or ‘mother nature’, and the Aboriginal and Torres Strait Islander peoples who were born therefrom, remain attached thereto, and must one day return thither to be united with our ancestors. This link is the basis of the ownership of the soil, or better, of sovereignty. It has never been ceded or extinguished, and co-exists with the sovereignty of the Crown.

How could it be otherwise? That peoples possessed a land for sixty millennia and this sacred link disappears from world history in merely the last two hundred years?

This thesis has focused on Aboriginal masculinity, the effectiveness of nature-based therapy for enhancing Aboriginal men’s health and wellbeing, and the use of a strengths-based approach. If the masculinity of Aboriginal men continues to be marginalised by settler-colonial society, and if Aboriginal people continue to be dispossessed from their land, the holistic domains of health and wellbeing cannot be adequately fulfilled, and the significantly worse health and wellbeing outcomes they

currently face will likely persist. The tensions between Aboriginal people and the Australian settler state must be adequately addressed if Aboriginal people are to flourish.

Always was, always will be, Aboriginal land.

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Appendices

Appendix A: Research advertisement

The effects of Bush Adventure Therapy on the well-being of Aboriginal men in
Southern Tasmania



Have you participated in any of the Bush Adventure Therapy activities undertaken as part of the Karadi Men's Program?

Are you an Aboriginal man aged between 18 and 70?

Can you spare 45 minutes for a yarn?

Jacob Prehn, an Aboriginal (Worimi) man studying at the University of Tasmania is undertaking a research project asking "*what are the effects of Bush Adventure Therapy on the well-being of Aboriginal men in Southern Tasmania?*" The research aims to understand the health benefits of Bush Adventure Therapy for Aboriginal men in Tasmania.

If you are interested in participating, please contact:

Jacob Prehn

Telephone: (03) 6226 2013

Jacob.Prehn@utas.edu.au

Appendix B: Participant Information Sheet

The effects of Bush Adventure Therapy on the well-being of Aboriginal men in Southern Tasmania

1. Invitation

This study is being undertaken to understand the effects of Bush Adventure Therapy on the well-being of Aboriginal men in Southern Tasmania. The research is a semi-structured interview regarding Bush Adventure Therapy undertaken through Karadi Aboriginal Corporations Men's Program.

This study is being undertaken in partial fulfillment of the Master of Research in Sociology for Jacob Prehn of the School of Social Sciences, University of Tasmania, under the supervision of Professor Douglas Ezzy and Dr Joselynn Baltra-Ulloa of the School of Social Sciences.

2. What is the purpose of this study?

The aim of undertaking this study is to contribute to improving the health of Aboriginal men in Southern Tasmania.

3. Why have I been invited to participate?

You have been invited to participate because you were a participant in Karadi Men's Program Bush Adventure Therapy. Your experience is crucial to understand Bush Adventure Therapy as a health intervention for Aboriginal men. Your participation in this research is entirely voluntary; you can choose to withdraw your interview at any time. There is no consequence if you choose to not participate or if you choose to withdraw your interview.

4. What will I be asked to do?

Participants will be asked to participate in a semi-structured interview. A semi-structured interview contains a set of open questions to guide the conversation. The interview is estimated to last 45 minutes, although this may vary depending on the length of answers given.

An example of the types of questions participants will be asked are:

- Tell me about your health in the last few years.
- Tell me about your experiences of Bush Adventure Therapy

The research will take place with Aboriginal men in Southern Tasmania, with the aim of interviewing participants in the Karadi Men's Program Bush Adventure Therapy health intervention. The interviews will be conducted in places where the participants feel comfortable and confidentiality can be maintained.

A recording device will be used to record the interview. This will happen because the researcher/s need to type-up a transcript of the interview. The recording and transcript will remain confidential. As a participant you will also have the opportunity to review and correct your transcript once it has been typed-up.

In research publications, quotes are sometimes used, if I use any quotes from your interview, code-names will be used unless you specifically want me to attribute the quote to your name.

Some participants may have previously discussed aspects of their experience or health with Jacob Prehn when he worked in his previous role as an employee of Karadi Men's Program. These previous discussions are not part of the research. As Jacob is also a part of the Tasmanian Aboriginal community, you may meet and discuss things with him in those contexts. These potential future discussions are also not part of the

research. The only information that will be used in the research is the information that you disclose during the research interview.

5. Are there any possible benefits from participation in this study?

There are possible benefits from your participation in this study. Potential benefits to yourself are expressing your health needs as an Aboriginal man. The potential benefits for the wider Tasmanian Aboriginal community are the development of programs that contribute to healthier men.

6. Are there any possible risks from participation in this study?

There are potential risks from participating in this research. We expect that most people will be comfortable answering the research questions. However, it is possible that some participants may become distressed when discussing their health or the health of Aboriginal and/or Torres Strait Islander men in general.

If you feel distress from participating in this research there are free counselling services you can access, these are:

- Aboriginal Health Service (Tasmania) (03) 6234 0777
- Relationships Australia (Tasmania) 1300 364 277

7. What if I change my mind during or after the study?

As a participant in this research project, you are free to withdraw from this research at any time without providing any explanation. If you choose to withdraw during the interview, the audio recorder will be stopped and your interview will be deleted. You can also ask to withdraw your interview data until 31/12/2018. If you wish to withdraw please contact:

- Jacob Prehn: 6226 2013 or Jacob.Prehn@utas.edu.au

8. What will happen to the information when this study is over?

The raw data will be used by the researcher until the research project is complete. Following this, the raw data will be kept and stored in a secure location at the University of Tasmania in the Faculty of Social Science for a period of 5 years from the date of research publication. The people with access to this data are the researcher involved in this project and his supervisors, Professor Douglas Ezzy and Dr Joselynn Baltra-Ulloa. Your information will be handled confidentially and anonymously, with code-names used.

9. How will the results of the study be published?

The findings of the research will be used for the production of a thesis on the research topic. Additionally, the findings may be used in a future research publication such as a journal article or book chapter. No participants will be identified in any publication.

10. What if I have questions about this study?

If you have any questions about the research please contact the people below:

Jacob Prehn

School of Social Sciences, University of Tasmania, PO BOX 22, Hobart, Tasmania,
7001

Work Telephone: (03) 6226 2013

Email: Jacob.Prehn@utas.edu.au

Professor Douglas Ezzy:

School of Social Sciences, University of Tasmania, PO BOX 22, Hobart, Tasmania,
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Work Telephone: (03) 6226 2330

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Dr Joselynn Baltra-Ulloa

School of Social Sciences, University of Tasmania, PO BOX 22, Hobart, Tasmania,
7001

Work Telephone: (03) 6226 2876

Email: Joselyn.BaltraUlloa@utas.edu.au

This study has been approved by the Tasmanian Social Sciences Human Research Ethics Committee. If you have concerns or complaints about the conduct of this study, please contact the Executive Officer of the HREC (Tasmania) Network on +61 3 6226 6254 or email human.ethics@utas.edu.au. The Executive Officer is the person nominated to receive complaints from research participants. Please quote ethics reference number [H17260].

This participant information form is to keep. If individuals are happy to participate in this research project, a consent form needs to be signed and agreed to.

Appendix C: Participant Consent Form

The effects of Bush Adventure Therapy on the well-being of Aboriginal men in
Southern Tasmania

This participant consent form is for individual participants only.

1. I agree to take part in the research study named above.
2. I have read and understood the Information Sheet for this study.
3. The nature and possible effects of the study have been explained to me.
4. I understand that the study involves a retrospective semi-structured interview regarding the effects of Bush Adventure Therapy on the social and emotional well-being of Aboriginal men in Tasmania. I will be provided with the opportunity to review my interview transcript and the interview will take approximately 45 minutes. This time may vary depending on the length of the responses given.
5. I understand that participation involves the risk(s) that emotional responses may arise relating to the discussion of my health or the health of other Aboriginal men.
6. I understand that if I am highly dependent on medical such as terminal, emergency or intensive care I am unable to participate.
7. I understand that all research data will be securely stored on the University of Tasmania's premises for five years from the publication of the study results, and will then be destroyed or

I understand that all research data will be securely stored on the University of Tasmanian's premises for five years from the publication of the study results, and will then be destroyed unless I give permission for my data to be stored in an archive.

I agree to have my study data archived.

Yes ☐ No ☐

8. Any questions that I have asked have been answered to my satisfaction.
9. I understand that the researcher(s) will maintain confidentiality and that any information I supply to the researcher(s) will be used only for the purposes of the research.
10. I understand that the results of the study will be published so that I cannot be identified as a participant. If a quote is used from any of my responses, de-identifying methods will be used such as a codename or alias.
11. I understand that my participation is voluntary and that I may withdraw at any time without any effect.

If I so wish, I may request that any data I have supplied be withdrawn from the research at any time.

Participant's

name:

Participant's

signature:

Date: _____

Statement by Investigator

☐

I have explained the project and the implications of participation in it to this volunteer and I believe that the consent is informed and that he/she understands the implications of participation.

If the Investigator has not had an opportunity to talk to participants prior to them participating, the following must be ticked.

☐

The participant has received the Information Sheet where my details have been provided so participants have had the opportunity to contact me prior to consenting to participate in this project.

Investigator's

name:

Investigator's

signature:

Date: _____

Appendix D: Qualitative Study Research Questions

- 1) Can you tell me a bit about yourself?
 - a. Age?
 - b. Your mob?
 - c. Work, how many hours?
 - d. Study?
 - e. Hobbies?
- 2) Can you tell me about your health during your teenage years?
 - a. Different forms of health
- 3) What has your health been like in the last 2 years?
 - a. Different forms of health
- 4) Can you tell me about your life in the Tasmanian Aboriginal community?
 - a. What is your favourite part?
- 5) Can you tell me about the Karadi Aboriginal Men's Program?
 - a. How did you first hear about the program?
 - b. What made you decide to participate?
- 6) Tell me about the Bush Adventure Therapy (BAT) program you participated in
 - a. What activities did you undertake?
 - b. Did you have a favourite activity?
 - c. Had you participated in any similar programs before?
- 7) Do you think the BAT program improved your health? Why/why not?
 - a. Different forms of health
- 8) How important do you think BAT and the men's program is compared to other services?
 - a. If that was not there, how do you think your health might be?
 - b. What do you think your family or other Aboriginal community members might gain from participation?
- 9) Are there any interesting stories from the BAT program you can tell me?
 - a. Any other yarns?
- 10) Can you tell me about your friendships during the BAT program?
 - a. Do you still see these people?
- 11) Did you have any difficulties participating in the BAT program?
 - a. Time, money, other commitments, etc.
- 12) Can you tell me the importance of connecting to Country and culture for your health?
 - a. If you were not to go on Country or do culture, how might your health be?
- 13) Is there anything else you would like to share about the BAT program?
 - a. Or the men's group?



Decolonising the health and well-being of Aboriginal men in Australia

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Abstract

Aboriginal and/or Torres Strait Islander men have the worst health of any group in Australia. Despite this, relevant policies do not specifically explain how the issue will be improved. Existing research demonstrates the complexity of the problems facing Australian Indigenous men. The intersection of masculinity and Indigeneity, compounded by colonisation, historical policies, stigma, marginalisation, trauma, grief and loss of identity are key factors that shape these poor health outcomes. These outcomes are acknowledged in federal and some state government policies but not implemented. The article argues for a holistic and decolonised approach to Australian Aboriginal men's health. Effective models of intervention to improve men's health outcomes include men's health clinics, men's groups, Men's Sheds, men's health camps/bush adventure therapy, fathering groups and mentoring programs. Further research needs to be undertaken, with a greater emphasis on preventative health measures, adequate specific funding, culturally and gender appropriate responses to health, and government policy development and implementation covering Aboriginal male health.

Keywords

gender, health, health inequality, Indigenous sociology, medical sociology, sociology

This article argues for a holistic and decolonised approach to Australian Aboriginal and Torres Strait Islander men's health.¹ Holistic approaches to Indigenous health are important because they begin to address some of the problems caused by the Australian

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Aboriginal history of cultural and social dislocation and oppression (Fredericks et al., 2011: 81–3; Sherwood and Edwards 2006: 178). The importance of a holistic approach to Aboriginal men's health is outlined in the *National Aboriginal and Torres Strait Islander Male Health Framework: Revised Guiding Principles* (Australian Department of Health and Ageing, 2010: 2–4). The *National Aboriginal Health Strategy* (1989) defines this holistic approach as:

Aboriginal health means not just the physical well-being of an individual but refers to the social, emotional and cultural well-being of the whole community in which each individual is able to achieve their full potential as a human being thereby bringing about the total well-being of their community. (National Aboriginal Health Strategy Working Party, 1989: 1)

This holistic approach recognises the interconnectedness of physical, mental, social, emotional and cultural well-being of individuals, families and communities (Dudgeon, Milroy et al., 2014: xviii). The diversity that exists in Aboriginal society spans across all facets of life, from culture, knowledge systems and spirituality to politics, economics, gender, sexuality and lifestyles, and Aboriginal people therefore cannot be reduced to a homogeneous group (Australian Department of Health and Ageing, 2010a: 2–4; Kariippanon and Senior, 2018: 33; McLennan and Khavarpour, 2004: 237–8). Without a holistic approach to Aboriginal men's health, illness and poor health outcomes will persist.

Aboriginal and/or Torres Strait Islander males have the worst health outcomes of any group in Australia (Australian Department of Health and Ageing, 2013a: 36). There are approximately 322,200 Aboriginal and/or Torres Strait Islander males (Australian Bureau of Statistics, 2017a) and their average life expectancy is 10.6 years less than non-Indigenous males (Australian Institute of Health and Welfare, 2018: 1). Aboriginal men are four times more likely to die from accidental death and experience more frequent and intense mental health issues. Male suicide in Australia occurs at a rate three times greater than for women (Australian Bureau of Statistics, 2017b: 1). However, Aboriginal male suicide rates are twice those of non-Indigenous men, while the rates for particular age cohorts are up to five times higher (Australian Department of Health and Ageing, 2013b: 1). These grim health statistics highlight the health crises being experienced by Aboriginal men. There are other gender identities beyond the dichotomy of male and female which impact health, however their complexity is beyond the scope of this article (Connell, 2005a: 1804).

The mainstream Australian health system, reflecting a colonialist approach (Axelsson et al., 2016: 2, 5), lacks a culturally appropriate holistic understanding of Indigenous health. Aboriginal conceptualisations of health take a holistic approach, encompassing interconnected aspects of physical, mental, social, and emotional well-being (Australian Department of Health and Ageing, 2013a: 9–10). The health of Aboriginal men in contemporary Australia is integrally related to historical, cultural, political, economic, psychological, physical and environmental circumstances (Canuto et al., 2018: 4–7; McCalman et al., 2010: 2–3). Western approaches continue to dominate responses to poor Aboriginal male health, overlooking Aboriginal knowledges and perspectives (McCoy, 2008: 66–8; Ngaanyatjarra Pitjantjatjar Yankunytjatjara Women's Council Aboriginal Corporation, 2013: 23–7). These responses have been

largely ineffective. Effective responses require a decolonisation of the health system to empower Aboriginal men to take ownership over their health (McPhail-Bell et al., 2015: 195–8; Sherwood and Edwards, 2006: 178).

Aboriginal male identity

Colonisation has had a profound effect on Aboriginal male identity (Adams, 1998: 7; Innes and Anderson, 2015; McCoy, 2008: 46–50). The British had experience of colonising Indigenous peoples in other parts of the world before arriving on the Australian continent in 1788 (Dudgeon, Wright et al., 2014: 4; Taylor and Guerin, 2010; Tharoor, 2018). The British ‘believed that the introduction of Western education and Christianity would transform a morally decadent society’ (Tharoor, 2018: 201). Destroying Indigenous and gendered (Hardin, 2002; Sinha, 1995) identities and making their cultural practices illegal was an integral part of the colonising process. This process of colonisation is similar to that experienced by other Indigenous males such as Māori in New Zealand (Borrel, 2015; Hokowhitu, 2007), those in the Americas (Hardin, 2002; Innes and Anderson, 2015), Native Hawaiians (Tengan, 2002), South Africans (Morrell, 1998) and Bengalis (Sinha, 1995). An example in Australia was the incarceration of Aboriginal males in a prison on Rottnest Island that operated from 1838 to 1903.

Over 3,700 Aboriginal men were removed from throughout WA (Western Australia) and sent to Rottnest during this period. These men and boys were the Elders, the Custodians and the Lore men who were the keepers of order, culture, spiritual integrity and historical record for the Aboriginal community, as well as the protectors and providers for the women and children. This constituted the removal of ‘the leadership group’ across all Aboriginal nations in WA. (Rottnest Foundation, 2018: 1)

Since colonisation, major restrictions have been placed on Aboriginal male identity through removal, incarceration, legal restrictions, social dislocation, stigmatisation and the loss of traditional methods of passing on culture (Axelsson et al., 2016; McCoy, 2008: 46–50, 6–9). The colonisation of Australia by the British has severely undermined the traditional roles of Indigenous men (Adams, 1998: 7). The confusion and uncertainty associated with Aboriginal masculinity and its performance has resulted in men becoming lost and displaced within Aboriginal society (Hokowhitu, 2007: 63; McCoy, 2004: 19, 21). Premature death, excessive incarceration and poor health further contributes to the loss of male cultural identity. The demands of adjusting to non-Aboriginal society form an additional challenge, particularly when experiences of racism are common (Kowal and Paradies, 2005: 1347; Ladson-Billings, 1998). Historical injustices and the ongoing effects of colonisation have had a profoundly deleterious effect on the identities of Aboriginal men (Innes and Anderson, 2015; McCoy, 2008: 56–60, 92). The continued decolonisation of Australian society is crucial for Aboriginal men to grow strong and become empowered (Sherwood and Edwards, 2006: 178).

Aboriginal males are forced into a marginalised masculinity when trying to adjust to non-Aboriginal society. Masculinity is performed in different ways depending on geographical location and historical period (Connell, 1997: 8). Different masculinities can

be marginalised and privileged, in relation to an idealised form of masculinity or hegemonic masculinity (Borrel, 2015: 829–32; Connell and Messerschmidt, 2005). Aboriginal men have difficulties adhering to mainstream Australian hegemonic masculinities because of historical and cultural factors. The intersectionality of being male and Aboriginal creates further levels of disadvantage. This complex intersectionality was discussed at the 1st World Conference on Men's Health (McDermott et al., 2001: 80). The state of affairs for Aboriginal men is far more complex than for non-Indigenous men. Indigenous and non-Indigenous men are both affected by patriarchal powers and privilege within society. However, there is also racism and disadvantage experienced in the broader Australian society across the contexts of race, ethnicity, and cultural beliefs, negatively impacting on the health of Aboriginal men (Pease, 2013: 13–14). From a critical race theory perspective, the experience of marginalised masculinity may be a significant factor contributing to Aboriginal males' poor health outcomes (Australian Department of Health and Ageing, 2013a: 36; Delgado and Stefancic, 2001: 7–8; Ladson-Billings, 1998: 7).

The dimensions of the problem

Aboriginal people experience the burden of disease at a rate 2.3 times greater than the non-Indigenous population (Australian Institute of Health and Welfare, 2011a: viii). Chronic diseases accounted for 64% of the total disease burden of Indigenous Australians. Chronic diseases accounted for 70% of the gap between Aboriginal people and non-Indigenous Australians. The five highest ranking diseases among Indigenous men were coronary heart disease, alcohol and substance use disorders, suicide and self-inflicted injuries, diabetes and anxiety disorders (Australian Institute of Health and Welfare, 2011a: 17). Approximately 37% of the burden of disease was preventable by reducing exposure to modifiable risk factors (Australian Institute of Health and Welfare, 2011a: 19).

The period 2007–8 saw the hospitalisation of 120,000 Aboriginal males from New South Wales, Victoria, Queensland, South Australia, Western Australia and the Northern Territory (Australian Institute of Health and Welfare, 2009a). The standardised adjusted rate was 876 of every 1000 Aboriginal men hospitalised compared to 358 of every 1000 non-Indigenous males. Hospitalisation rates for Aboriginal males are 2.4 times higher than those of non-Indigenous males (Australian Institute of Health and Welfare, 2009a). More recent data regarding the causes of these hospitalisation rates were not available. However, the data from the 1999–2000 period showed Indigenous males were six times more likely to be hospitalised for care involving dialysis (Australian Bureau of Statistics, 2002: 1). Other common causes of hospitalisation were injuries resulting from motor vehicle accidents and general accidents, mental and behavioural disorders and respiratory disease.

The Australian Bureau of Statistics found that 24% of Aboriginal and/or Torres Strait Islander males reported experiencing high or very high levels of psychological distress in the previous four weeks (Australian Bureau of Statistics, 2013: 1). This rate is more than double that of non-Indigenous males for most age cohorts. Life events are more likely to contribute to the higher levels of psychological distress among Aboriginal people (Australian Indigenous HealthInfoNet, 2012: 9). These negative life events include

the death of a family member or a friend, serious illness or injury, unemployment, substance abuse issues, overcrowding or family or friends being involved with the criminal justice system. Supporting the social and emotional well-being of Aboriginal men is important to protect against negative life events (Department of the Prime Minister and Cabinet, 2017: 7).

The higher level of psychological distress experienced by Aboriginal males has led to increased mental health hospitalisation rates (Australian Institute of Health and Welfare, 2009a, 2009b). The hospitalisation rate for Aboriginal males regarding mental health-related issues including 'schizophrenia, schizotypal and delusional disorders' was 2.4 times that of non-Indigenous males (Australian Institute of Health and Welfare, 2009b: 56). The hospitalisation rate for Aboriginal males was 4.6 times that of non-Indigenous males for 'mental and behavioural disorders due to psychoactive substance use'. Further, the number of deaths due to mental and behavioural disorders among Indigenous males living in several states was 5.8 times the expected rate for non-Indigenous males.

Past Australian federal, state and territory government policies compound stressful situations for Aboriginal people (Morse-Diop, 2013). A history of colonisation, institutionalised racism, forced removal and alienation from culture and identity are some of the major contributing factors to the higher prevalence of mental illnesses (Axelsson et al., 2016: 1–7). These illnesses include transgenerational trauma, Post-Traumatic Stress Disorder (PTSD), grief and loss, depression, anxiety, adjustment disorders, lack of identity and others. Aboriginal people may resort to self-medicating as a response to the social and cultural circumstances that they are born into and have little control over. Despite significant amounts of money being spent on Indigenous health through schemes such as the Closing the Gap, 'a December 2017 Australian Institute of Health and Welfare report found the mortality and life expectancy gaps are actually widening due to accelerating non-Indigenous population gains in these areas' (Holland, 2018: 3).

Aboriginal people are significantly over-represented in the Australian criminal justice system. In 2016, Aboriginal men made up 26.7% of incarcerated men, despite being approximately 3% of the male population (Australian Bureau of Statistics, 2016: 1). The former Australian Prime Minister Kevin Rudd was quoted as saying 'Australia is now facing an Indigenous incarceration epidemic' (Bourke, 2015: 1). The number of Aboriginal people incarcerated has increased by 88% since 2004 (Korff, 2015: 1). In 1992, one in seven prisoners were Aboriginal, if the trend in incarceration numbers continues at this rate, 1 in 2 will be Aboriginal by 2020. Further, there is a lack of holistic supporting structures for Aboriginal men when transitioning from incarceration into the community (Willis and Moore, 2008: xi, 44, 6–50).

Cultural, historical and social factors are the main causes of the much higher rates of chronic disease (Australian Institute of Health and Welfare, 2011a), hospitalisation (Australian Institute of Health and Welfare, 2009a), psychological distress (Australian Institute of Health and Welfare, 2009b), and incarceration (Australian Bureau of Statistics, 2016: 1) among Indigenous people in Australia. However, the most common responses to these issues are informed by an individualised Western bio-medical model. This bio-medical individualised model is applied to the poor health outcomes experienced by Aboriginal people rather than acknowledging the collective structural experiences which are the key causes of much of the health inequalities (Newman et al., 2007: 571). The neoliberal

discourse shifts blame from the state to individuals. This discourse has been applied by consecutive governments and become embedded in the realm of Aboriginal health policy since the 1990s (Walter, 2010: 121). This dominant health discourse requires an ongoing process of decolonisation to meet the needs of Aboriginal people (Sherwood and Edwards, 2006: 188). Innovation by health services to incorporate a holistic approach despite neo-liberal confines is important if the health of Aboriginal men is to improve.

Policy

Policy responses at all levels of government to improve the health of Aboriginal and Torres Strait Islander males could benefit from a holistic and decolonised approach. The *National Aboriginal and Torres Strait Islander Male Health Framework* was developed by consulting leaders in the area (Australian Department of Health and Ageing, 2010a*). The framework has 11 guiding principles that were developed by the National Aboriginal and Torres Strait Islander Male Health Leadership Group. These principles are in place to help inform governments, service providers and other bodies and individuals to improve Aboriginal and Torres Strait Islander male health. These 11 principles are:

- reconstructing male empowerment and self-determination;
- a holistic approach;
- continuity of care;
- shared, integrated, collaborative and responsible processes;
- partnership approach;
- strategy and policy development;
- access and support;
- the health workforce;
- the evidence base;
- allocation of funding; and
- governance.

The 11 guiding principles present a strong foundation to consider when developing policies, strategies, programmes or other means of improving Aboriginal male health.

The *National Aboriginal and Torres Strait Islander Health Plan 2013–2023* is a central document explaining how the Australian federal government plans to improve Indigenous health (Australian Department of Health and Ageing, 2013a). The health plan shares a vision to close the gap between Indigenous and non-Indigenous health by 2031, as part of the Closing the Gap initiative. Several priority areas are identified throughout the health plan, and yet Aboriginal males are not specifically addressed. The *National Aboriginal and Torres Strait Islander Health Plan 2013–2023* discusses that Aboriginal men have the worst health outcomes of any group in Australia, yet does not mention it as

a priority (Australian Department of Health and Ageing, 2013a). Further, neither the *National Aboriginal and Torres Strait Islander Male Health Framework* nor the *National Male Health Policy* are referenced. The *National Aboriginal and Torres Strait Islander Health Plan 2013–2023* inadequately explains how the health of Aboriginal and Torres Strait Islander males will be improved.

Focusing on gender, The *National Male Health Policy* identifies Aboriginal men as being a priority group (Australian Department of Health and Ageing, 2010b). The policy importantly undertook eight specific consultation sessions with Aboriginal men and refers to the *National Aboriginal and Torres Strait Islander Male Health Framework* (Australian Department of Health and Ageing, 2010a). However, the only specific federal funding allocated in this policy is \$6million over three years. The allocated funding is to provide support and services to Aboriginal men to encourage them to take part in the lives of their children and families. While it is great that the importance of Aboriginal men being involved with their families is recognised, this is a surprisingly narrow and limited response for a group with the worst health outcomes in Australia.

At a state and territory level, there are no current specific Aboriginal and Torres Strait Islander male health policies or strategies. Instead, reference to Aboriginal male health occurs in sections on Indigenous health generally or on mainstream men's health. The relevant state and territory policies do not specifically address Aboriginal men's health. A notable example of Aboriginal men's health being addressed at the local level is the *Aboriginal and Torres Strait Islander Men's Health Plan 2015–2020* developed by Northern Sydney Local Health District (Northern Sydney Local Health District, 2015). This plan was developed by consulting local Aboriginal men who identified areas of service delivery which needed improvement to meet their health needs. The plan aims to improve service delivery across seven areas with specific strategies for how this will be achieved. The *Aboriginal and Torres Strait Islander Men's Health Plan 2015–2020* could be used by Aboriginal Medical Services, Local Health Districts, National Aboriginal Community Controlled Health Organisation (NACCHO) and affiliates or even non-Indigenous health care providers as a guide to developing their own Aboriginal and/or Torres Strait Islander men's health plan to meet their local needs (Northern Sydney Local Health District, 2015). Leadership at a federal level may help states and territories align their relevant policies and identify how Aboriginal men's health can improve.

Appropriate models of Aboriginal male intervention

Aboriginal community controlled primary health care clinics provide a comprehensive, culturally appropriate and holistic service (Mohamed, 2014: 3). The Aboriginal community controlled health service sector focuses on 'prevention, early intervention and comprehensive care' and 'has reduced barriers to access and unintentional racism, progressively improving individual health outcomes for Aboriginal people' (Panaretto et al., 2014: 649). There is evidence to suggest that health clinics can marginalise the needs of Aboriginal men (Canuto et al., 2018; McCoy, 2008: 86). This is done through predominantly female staff being employed and clinics becoming primarily female spaces. Having male Aboriginal health workers and clinical staff encourages Aboriginal men to visit and feel comfortable discussing health issues (McCoy, 2008: 87).

These barriers may help to explain why Aboriginal men are accessing Aboriginal health services less than women (Australian Institute of Health and Welfare, 2011b: 28). In the period 2009–2010, an estimated 2.4 million episodes of health care were provided by Aboriginal primary health care services. Of these episodes of care, 59% were provided to female clients and approximately 41% to males (Australian Institute of Health and Welfare, 2011b: 28).

The concept of specific Aboriginal men's health clinics has been used by medical services with success (Wenitong, 2002: 21, 59). Male-specific health clinics have a set time and location to meet the needs of Aboriginal men. Male Aboriginal health workers and Aboriginal health practitioners are key health professions to utilise for successful Aboriginal men's health clinics (Tsey et al., 2014: 60). The current services model can fail to account for the needs of Aboriginal men. Indigenous males have reported feeling socially excluded from taking part in society and this includes accessing social services. Rather than labelling men as hard-to-reach clients, services need to consider their service delivery (Tsey et al., 2014: 58). This approach allows services to retain power over delivery and engagement rather than lay blame on external phenomena. Attributes identified that engage men in service delivery are:

- good policy and practice development prior to set up of service;
- building trust;
- developing culture;
- mentoring youth; and
- promoting the importance of being a good father. (Arney and Westby, 2012; McCalman et al., 2010; Tsey et al., 2014: 5)

A review of published and unpublished resources identified a variety of programs undertaken specifically by Aboriginal men to improve their health. These approaches include men's health clinics (McCoy, 2008: 86–7; Wenitong, 2002: 21, 59); men's camps (Mibbinbah Spirit Healing, 2019); sporting groups (Hallinan and Judd, 2007); fathering programs (Collard et al., 2016; Hammond, 2011); Men's Sheds (Cavanagh et al., 2016; Sergeant, 2010); mentoring programs (Arney and Westby, 2012: 11) and others. These programs have varied across different Aboriginal communities throughout Australia. However, they have many common principles and aims: empowerment, social and emotional support, sharing culture, yarning and being a culturally safe space (Arney and Westby, 2012).

Aboriginal men's health programs are under-funded and there is no specific funding source. The process of applying for funding and knowing where to begin can be difficult and off-putting (Arney and Westby, 2012: 37; McCalman et al., 2010). Aboriginal men's programmes can have a lack of informed direction and research to assist those applying for funding, meaning there are difficulties knowing where to focus. Aboriginal men's groups provide a crucial form of support for participants (McCalman et al., 2010: 2). In line with the Aboriginal conceptualisation of health, Aboriginal men's groups take a holistic approach to activities with social and emotional well-being the primary dimension of

health addressed, although mental and physical health can be improved too. There can be significant community pressure on Aboriginal men's groups to provide an answer to the range and depth of issues faced by men. There is a variety of activities undertaken by Aboriginal men's groups across Australia, these can be both proactive and reactive.

A crucial aspect of any Aboriginal or Torres Strait Islander men's group is to emphasise the need for men to have culturally safe space for healing, reflection and re-establishment of their roles in the family and community. They often emphasise that the group should be owned and managed by the men themselves. Men's group initiatives impact not only on men, but also on family and community members. (Arney and Westby, 2012: 5)

The Men's Sheds movement has grown during recent times as an effective health intervention. Men's Sheds are 'a safe and conducive environment for men to yarn and learn new skills about educational, employment and economic matters and enhance their social learning and ability to reconnect with Aboriginal and Torres Strait Islander traditions and culture' (Cavanagh et al., 2016: 55). They provide a useful and practical model for Aboriginal men's health promotion, prevention programs, informal counselling, cultural connections, relationship building and teamwork (Sergeant, 2010: 3–4). Having an ongoing consultation with Aboriginal men to empower and allow them ownership over the Men's Shed is crucial for success (Sergeant, 2010: 6). Men can opt to undertake the activities they believe are important for health and well-being. For example, making cultural items, such as waddies, clap-sticks and spears allows for a stronger identity, facilitates the transfer of cultural knowledge, and provides a platform for Aboriginal men to fulfil traditional roles of masculinity, improving health (Sergeant, 2010: 3–5).

Aboriginal men's health camps have proven to be an effective method of improving health outcomes across different dimensions of health (Maller et al., 2006; Mibbinbah Spirit Healing, 2019). These health interventions provide a means for Aboriginal men to connect to Country and undertake cultural activities. Connecting to Country is an important component of Aboriginal identity and cultural practices. Having a stronger connection to Country is beneficial to improving human health (Bowen and Neill, 2013; Maller et al., 2006), although there is a lack of specific research regarding Aboriginal men. Individuals with access to natural settings such as parks have been found to be healthier overall. The biophilia hypothesis (Wilson, 1984) argues that humans are attracted to the natural world, an activity that Aboriginal people incorporate into their culture and is represented in the holistic conceptualisation of health (Dudgeon, Milroy et al., 2014: xxiv, 4).

The Quop Maaman: Aboriginal Fathering Project is an example of a fathering program developed primarily by Aboriginal men for other Aboriginal men (Collard et al., 2016). The program was designed for a Noongar context with a strong language and cultural component. Aboriginal fathering programs are proactive and holistic in their approach to health. The foundations of this program provide an important framework for Aboriginal men in other parts of Australia looking to develop a fathering program. The Quop Maaman: Aboriginal Fathering Project is built upon the key principles of culture, holistic approach, and empowerment. *The Koori Fathering Program: Pilot Phase Evaluation Report* found similar principles were crucial for success (Newell et al., 2006: 39). Mainstream fathering programs were found to not be culturally appropriate, too

female-orientated and difficult to access (Stuart et al., 2015: 7–10). Aboriginal fathering programs improve fathering skills and the social and emotional well-being of participants, this can have a ripple effect on their family and community.

Mentoring programs are an important component to improve the holistic health outcomes of Aboriginal males. These programs are both proactive and reactive to those disengaged (Bainbridge et al., 2014). The uncle–nephew system is an important cultural way of teaching boys, teenagers and younger men, which is based on an Aboriginal cultural framework and has the potential to resolve many issues experienced by Aboriginal men (Spry and Territory Health Services: Male Health Policy Unit, 1999: 1). In Aboriginal culture, the uncle–nephew relationship can be more powerful and important than the father–son relationship. For an uncle–nephew program to be initiated in an Aboriginal community, Elders and senior men need to be consulted, give authority and take ownership. The uncle–nephew program provides a strong framework for other mentoring-type programs to be developed. Overall, mentoring programs can be an effective empowerment strategy in the area of health and well-being, although more research is needed (Bainbridge et al., 2014: 1).

Suggestions for improvement

The main reason for the life expectancy gap between Indigenous and non-Indigenous men is excessive rates of chronic disease. By the time an Aboriginal male has developed a chronic disease, there are limited options for treating and overcoming the illness. Well-planned prevention programs have made significant improvements to health outcomes (National Preventative Health Taskforce, 2009). Appropriate health interventions that empower Aboriginal men include, among others: men's health clinics (McCoy, 2008: 86–7; Wenitong, 2002: 21, 59); men's camps (Mibbinbah Spirit Healing, 2019); sporting groups (Hallinan and Judd, 2007); fathering programs (Collard et al., 2016; Hammond, 2011); Men's Sheds (Cavanagh et al., 2016; Sergeant, 2010); and mentoring programs (Arney and Westby, 2012: 11). These preventative measures could also reduce the incarceration rate of Aboriginal males. With Indigenous men being more interconnected and supported to be healthy, they may have less involvement with activities which result in contact with the criminal justice system (Australian Medical Association, 2015: 3).

Implementing strategies to improve the lives and health of Aboriginal males will require specific funding. Funding is also required for further research into Aboriginal men's health. This funding would be an investment, saving taxpayers' money in years to come. These savings will occur across the areas of health, social welfare and criminal justice. Health services for Aboriginal men need to be culturally appropriate and tailored to meet the needs of local men (Northern Sydney Local Health District, 2015). Engaging Aboriginal men in this process will help to empower them and allow for self-determination of their health (Kinchin et al., 2015).

The group with the worst health outcomes in Australia would benefit from leadership at a federal level with a clear plan of policy implementation. The *National Aboriginal and Torres Strait Islander Health Plan 2013–2023* acknowledges that Aboriginal males have the worst health outcomes of any group in Australia but fails to directly address them (Australian Department of Health and Ageing, 2013a: 36). A

specific federal Aboriginal men's health policy could be developed. Alternatively, a revised *National Aboriginal and Torres Strait Islander Health Plan 2013–2023* could include a section on improving Aboriginal men's health. The third option is to have a specific section for Aboriginal men in the *National Men's Health Strategy 2020–2030* (Commonwealth Department of Health, 2018), with a plan and stated means of implementation. The *National Aboriginal and Torres Strait Islander Male Health Framework: Revised Principles* (Australian Department of Health and Ageing, 2010a) is a strong foundational document to assist in this process. Engaging Aboriginal men in their respective regions, states and territories from the outset of development is crucial; empowerment is a fundamental component of healing (Tsey et al., 2007: 34).

Conclusion

To improve the health of Aboriginal men, a holistic and decolonised approach addressing the social determinants of health should be considered (Marmot, 2005, 2011). The social determinants of health approach postulates that population health is related to features of society and economic conditions. These features include socio-economic status, social support, ethnicity and gender (Carson et al., 2007). Neoliberalism focuses on health as an individual problem, failing to recognise the significance of the social determinants of health for Indigenous men. The neoliberal approach to Aboriginal men's health appears to fall short. In contrast, holistic approaches which include the social determinants of health are important because they begin to address some of the problems created by the history of cultural and social dislocation and oppression.


The contexts of gender and ethnicity place Aboriginal men in a unique position in contemporary Australian society. Aboriginal men are oppressed with respect to their Indigeneity, but an intersectional matrix suggests they are privileged regarding their masculinity in a patriarchal society (Pease, 2013: 13–14). However, further analysis suggests that Aboriginal men cannot adhere to 'mainstream' Australian society's hegemonic masculinity because of their Indigeneity (Connell, 2005b). The inability to attain 'mainstream' hegemonic expectations can cause Aboriginal men to undertake more risks to prove their masculinity. Risk-taking behaviour can impact on health outcomes and result in more interactions with the criminal justice system (Allard, 2010: 4; Kelly and Tubex, 2015: 7).

Existing research demonstrates the complexity of the problems facing Australian Indigenous men. The intersection of masculinity and Indigeneity, compounded by colonisation, historical policies, stigma, marginalisation, trauma, grief and loss of identity are key factors that shape these poor health outcomes. These poor health outcomes are acknowledged in federal government policies, but no clear plan of improvement has been discussed. Several models of male intervention to improve health outcomes have been identified, these include men's groups, Men's Sheds, men's health camps, fathering groups and mentoring programs. These demonstrate that a holistic, decolonised and culturally appropriate approach to health care is effective. Further, applying these aspects to the bio-medical model will improve the health of Aboriginal males. Despite evidence of this success, there is a lack of specifically allocated funding for the group with the worst health outcomes in Australia. By providing specific funding to progress the issue, Aboriginal men will have the means to improve their health.

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Appendix E: Forthcoming version of Chapter 4

Decolonising Masculinity in Australian Settler-Colonial Society



Article

‘Learning her culture and growing up strong’: Aboriginal and/or Torres Strait Islander fathers, children and the sharing of culture

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Abstract

Indigenous fathers play a central role in the lives of Indigenous children growing up strong. For Australia’s Indigenous people, growing strong includes the possessing heightened levels of health, education and cultural knowledge. This article focuses on Indigenous fathers and how they understand the importance of sharing cultural activities with their children. We argue that the sharing of Indigenous cultural practices, and the subsequent telling of this narrative, are key enablers for Indigenous fathers to assist their families to flourish. We analyse qualitative data from the Longitudinal Study of Indigenous Children to explore what components/aspects of Indigenous culture fathers perceive will assist children to strongly mature, how culture is transmitted, and what barriers fathers face in this process. Results show that according to participants, learning about culture, family and identity are components to helping children prosper, with collecting food the most common activity used to achieve this end.

Keywords

culture, Indigenous fathers, Indigenous children, Longitudinal Study of Indigenous Children, postcolonialism

This article explores the relationship between Indigenous fathering and the role of the sharing of culture in assisting Indigenous youth to flourish.¹ This research seeks to explore what Australian Indigenous fathers believe to be within Indigenous culture that

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may assist their children growing strong, to identify practices these fathers undertake to pass on their culture as a means to meet this end, and what barriers participants perceive and experience in the modelling and bequeathing of their culture. Qualitative data sourced from the Longitudinal Study of Indigenous Children (LSIC) (Department of Social Services, 2018) is analysed through a postcolonial framework (Hokowhitu, 2007, 2015; Ouzgane and Coleman, 1998; Stanovsky, 2007). This approach prioritises the voice of Australian Indigenous fathers, using their narratives rather than that of a colonist perspective. We argue that the sharing of Indigenous cultural practices and Indigenous fathers' voices being heard, are enabling Aboriginal fathers and their families to heal from the negative effects of colonisation, and thus be empowered in fatherhood and everyday life.

Flourishing can be said to occur where children have the ability to attain resources to develop resilience and achieve their goals, aspirations and dreams as they enter through puberty into adulthood. As put by Walter, Martin et al. (2017: 3):

To grow up strong, Aboriginal and Torres Strait Islander children need to be strong in health, in education, in family, in culture, in their identity and in how they see their own place within Australian society.

This is particularly important in situations where children are born into and raised in structural disadvantage (Walter, Dodson et al., 2017). For Aboriginal and/or Torres Strait Islander children, *blossoming* includes immersion in culture and attention to the formation of identity (Martin, 2017), education (Anderson et al., 2017), health (Lovett and Thurber, 2017) and family (Walter, 2017). These contexts are framed through an Indigenous worldview which, in remaining integrated with traditional culture, traditions and ontology, differs from Western understandings (Walter, Martin et al., 2017). Although there are many similarities in the Indigenous understanding of these concepts to normative non-Indigenous Australian definitions, there are also some notable differences regarding prioritisation. For example, for the Indigenous person, a 'good education' incorporates both formation of academic skillsets and instruction in a rigorous curriculum, but also education towards, and integrated within, one's community, as well as possessing a greater emphasis on culture (Walter, Martin et al., 2017).

Indigenous children learning about their culture and identity has been shown to be valued by parents (Armstrong et al., 2012; Martin, 2017). Both qualitative and quantitative studies of the LSIC have demonstrated the significance of culture in the formation of identity, values and knowledge (Colquhoun and Dockery, 2012; Lovett, 2017). Knowledge of identity and culture is associated with resilience and can protect against risk factors (Lovett, 2017). Much of the existing research has focused on Indigenous mothers and their children, while the role played by Indigenous fathers in parenting has received comparatively little attention (Dunbar and Scrimgeour, 2017; Walter, Martin et al., 2017). Understanding of Indigenous fathers and the contribution they make to their children learning Indigenous culture and traditional knowledge is needed (Collard et al., 2016; Colquhoun and Dockery, 2012; Martin, 2017).

In Australia, there is a strong colonial discourse portraying Indigenous men as alcoholics, low achievers, incompetent or otherwise neglectful fathers (ABC News, 2016; Collingwood-Whittick, 2000). This stereotype is rooted in colonial ideology and

pathologises Indigenous men as violent drunkards – a depiction that is grossly unjust considering that the perceived shortcomings of Indigenous males are, generally, the ongoing results of colonisation, discrimination, structural disadvantage and inequity (Canuto et al., 2018; Prehn and Ezzy, 2020). Like other stigmatised minority ethnic groups, Indigenous fathers need support to overcome disadvantage, thereby empowering them to become the best fathers they can be (Collard et al., 2016; Fletcher et al., 2017). One element Indigenous fathers have highlighted as being a requisite component of strength and identity is Aboriginal and/or Torres Strait Islander culture, which will hereinafter be explored (Collard et al., 2016; Fletcher et al., 2017; Stuart et al., 2015).

Literature review

Indigenous people are more likely to be exposed to more frequent and intense experiences of marginalism and discrimination (Habibis et al., 2016; Priest et al., 2011), a reality crystallising the importance of the formation of resilience and parental support for the development of a child's self-concept (Prehn et al., 2020). Consequent to this increased likelihood of subjection to discrimination and inequality, it is worthwhile investigating what factors contribute to children growing up strong amid these disadvantages as a means of assisting the betterment and wellbeing of Indigenous children, and thereby overcome the ongoing effects of colonisation (Craven and Marsh, 2008; Walter, Dodson et al., 2017).

The relationship Indigenous children have with their parents (or primary caregiver) is central to growing strong (Yeung, Craven & Ali, 2013) and the acquisition and honing of resilience (Craven and Marsh, 2008; Dunstan, Hewitt & Tomaszewski, 2017). However, for Indigenous parents there can be a number of complexities that affect their ability to maintain a positive relationship with their children over a prolonged period. Aboriginal people overall experience high levels of racism (Habibis et al., 2016; Priest et al., 2011), poorer health (Dudgeon et al., 2014b), intergenerational trauma (Silburn et al., 2006), and the negative ramifications of historical and contemporary governmental policies, such as the forced removal of children (Dudgeon et al., 2014a) and the Northern Territory National Emergency Response (Wilkes et al., 2014). These and other adverse factors can and do hinder Aboriginal parents from providing holistic and undivided care to their children; parents may, therefore, benefit from ongoing support of their own to overcome structural disadvantage and subsequently nurture their children's self-concept.

Fathers are central in enabling Indigenous children to achieve their aspirations, yet there is relatively little literature published regarding Indigenous men (Prehn and Ezzy, 2020) and even less regarding Indigenous fathers/fatherhood in Australia. In the published material, the negative impacts of colonisation on Indigenous men are evident and deemed to be widespread. Compared with their non-Indigenous counterparts, Indigenous men have significantly lower physical (Australian Institute of Health and Welfare, 2011) and mental health outcomes (Australian Bureau of Statistics, 2013) and experience higher levels of adverse social circumstances such as excessive incarceration (Australian Bureau of Statistics, 2016). These inequalities can create barriers and difficulties when performing the role of father. This is amplified when social supports, such as family and community, also have been negatively impacted by colonisation (Dudgeon et al., 2014a; Stuart et al., 2015).

Although research on Indigenous fathering programs is limited, the introduction of Aboriginal-specific fathering programs is a response initiated to ameliorate the barriers experienced by Australian Indigenous men. Indigenous men have therein shared difficulties participating in mainstream fathering groups due to differences in culture and world-views held. For example, Indigenous fathers place emphasis on the sharing of language and culture, the role played by the extended family in parenting, and the significance of Country (Collard et al., 2016; Prehn and Peacock, 2019). The Quop Maaman: Aboriginal Fathering Project is one of few Australian Indigenous fathering programs informed by empirical research (Collard et al., 2016). The communal approach taken to Aboriginal fathering by Noongars is identified: if one father is unwell or unable to undertake his duties other men from the community may help to perform those fatherly and husbandly roles (Collard et al., 2016). As Collard et al. (2016: 2) explain:

Many changes imposed on us by Wedjela (non-Aboriginal people) have made it hard for Aboriginal men to bring up their kids with good support. Our old people had kids taken from them, were punished for speaking language and practising culture and had their authority to be maaman as fathers, uncles, brothers and pops stripped [away] by governments.

The key elements identified by Noongar men required to successfully perform the role of a father included culture, Country, family values, language, Elders, and learning from mistakes (Collard et al., 2016). However, the intergenerational impacts of forced removal, alongside the inability to freely practise Indigenous culture, has resulted in some fathers being unable to pass down traditional knowledge and skills necessary to perform the role for subsequent generations, impacting on fathering ability. Colonisation, with the breakdown of Aboriginal cultural practices and knowledge, has also hindered the ability of older Aboriginal men to support younger Aboriginal men become engaged fathers and practise fatherhood (Fletcher et al., 2017).

Transitioning to the role of an engaged father can be challenging for any man, let alone those suffering from systemic intergenerational disadvantage (Collard et al., 2016; Fletcher et al., 2017; Hammond, 2011; Stuart et al., 2015). Fletcher et al. (2017) used a participatory design approach with electronic mechanisms (e.g. web pages and mobile phone services) to understand the experiences of Aboriginal men and fathers. The scholars found that participant-designed resources shared via electronic technologies (e.g. mobile phone devices) positively impacted upon men's capacity to perform their fatherly roles and become role models for other Aboriginal men. Notwithstanding enduring the aforementioned structural issues, Aboriginal men participating in the study recognised the importance of being an engaged father (Fletcher et al., 2017). Given the poor health of and social outcomes for Indigenous men, greater supports are needed to assist them so their children can achieve their aspirations and grow up strong (Collard et al., 2016; Fletcher et al., 2017).

A theme throughout these Aboriginal fathering programmes and the research which informs them is the centrality of Indigenous culture to Indigenous masculinity and fatherhood. Research from the LSIC dataset, has shown that culture plays a vital role in protecting against risk factors and increasing resilience (Lohoar et al., 2014; Lovett, 2017). Arguably, from an Indigenous epistemology, culture can be seen as integral to a healthy

self-concept for Indigenous children (Martin, 2017). Aboriginal and/or Torres Strait Islander parents have identified learning about their culture and identity as a need for their children (Armstrong et al., 2012; Martin, 2017).

Methodology

This article is framed using an Indigenous worldview (Denzin et al., 2008; Kovach, 2015; Walter and Andersen, 2013); the epistemological positioning held by the researchers prioritises an Aboriginal perspective on the understanding of the data and its analysis (Walter, Martin et al., 2017). The authors come from different Aboriginal nations, and recognise that belonging to differing social contexts may impact upon their worldview. Growing strong is understood by the authors as a multidimensional concept: ‘To grow up strong, Aboriginal and Torres Strait Islander children need to be strong in health, in education, in family, in culture, in their identity and in how they see their own place within Australian society’ (Walter, Martin et al., 2017).

Content analysis is utilised in this article to examine data from the LSIC, which adopts a non-representative sampling design (Department of Social Services, 2018). Aboriginal and/or Torres Strait Islander children were recruited from 11 sites, including Broome, Darwin, Torres Strait, Mount Isa, Brisbane, Dubbo, Western Sydney, South Coast New South Wales, Shepparton and Adelaide (see Figure 1) (Kneebone et al., 2012; Walter, Dodson et al., 2017). These sites were selected because they cover a wide range of socio-economic and community environments and geographical locations. It is important to note that LSIC is not representative of all Indigenous children because it does not include geographical locations such as Tasmania (Walter, Dodson et al., 2017).

The data is collected annually by Indigenous researchers generally from the local Aboriginal and Torres Strait Islander communities. Questions are asked of Aboriginal and/or Torres Strait Islander children, their mothers, fathers and teachers. In 2008, when the study commenced, there were 1677 children participating across two cohorts: Baby Cohort (B Cohort $n=968$) and Kid Cohort (K Cohort $n=709$). When the study commenced, children in the former were aged 6–18 months, and the children in the latter were aged 3.5–5 years (Department of Social Services, 2018).

The LSIC data used in this study is qualitative in nature, drawn from Waves 1 (2008), 4 (2011) and 7 (2014) (Department of Social Services, 2018). Content analysis was used to examine the responses of Aboriginal and/or Torres Strait Islander fathers to understand their beliefs and practices as to the use of Indigenous culture and cultural practices in the development of their children (see Churchill, 2019). The method was used to analyse data for the presence of recurring attitudes (e.g. indicating the centrality of connection to Country for maturation and wellbeing) and practices (e.g. teaching fishing), which were then sorted accordingly into typologies (e.g. ‘on Country’ and ‘collecting foods’). Participant responses ranged from single words/phrases to multiple sentences. For example, in Wave 1 when fathers were asked ‘What about Indigenous culture will help SC grow up strong-text’ (SC refers to Study Child), they provided responses varying from ‘identity’ to ‘family connections within the community and being proud of her culture. Teaching her about her culture and her connection to Country.’ The varied responses meant some answers were thematically coded into more than one category; in



Figure 1. Footprints in Time interviewing locations (Kneebone et al., 2012: 64).

some instances one participant's response was included in up to four thematic typologies. These thematic categories are subsequently quantified to identify the frequency of responses according to theme.

For the first variable of analysis, 'What about Indigenous culture will help SC grow up strong-text', Waves 1 and 7 were combined and 222 (21.9%) responses from Indigenous fathers were provided from a total of 1,016 potential responders (noting that some Indigenous fathers may have provided an answer in both Wave 1 and 7). In Wave 1, out of 586 Parent 2s (hereinafter 'P2s')² who identify as Aboriginal and/or Torres Strait Islander and father of the SC, 121 (20.6%) Indigenous fathers specifically answered the variable. In Wave 7, there are 430 P2s who identify as Aboriginal and/or Torres Strait Islander and father of the SC, of these 101 (23.5%) specifically answered the variable. Of the 222 (21.9%) responses, there are 418 content units, an average of 1.9 content units per response.

For the second variable, 'Things P2 does to pass on Indigenous culture to SC-text' Wave 4 is analysed. In this wave 538 P2s identify as Aboriginal and/or Torres Strait Islander, and the father of the SC. Of the 538, 114 (20.2%) Indigenous fathers specified an answer to the variable, 16 (3%) said they did not know, and the remainder did not supply an answer. There are 227 content units created from the 114 (20.2%) responses, an average of 2 content units per response.

For the third variable, 'Issues about P2 passing Indigenous culture on to SC-text', Wave 4 is analysed. In this wave, 538 P2s identify as Aboriginal and/or Torres Strait Islander, and the father of the SC. Of the 538, 133 (24.7%) Indigenous fathers specified

an answer to the variable, the remainder were not asked or did not provide a response. Of the 133 respondents, 106 (79.7%) indicated they had no problems passing Indigenous culture on to SC, while 27 (20.3%) indicated yes, they experience issues passing on Indigenous culture to SC. The 27 (20.3%) yes responses formed 29 content units.

In 2008, when data was gathered for Wave 1, the average age of Indigenous fathers in the LSIC was 31.14 years. These fathers have an age range of 18–65 years. As subsequent wave data is collected annually, the average and the age range increase. However, it is noted that not all Indigenous fathers from Wave 1 have continued to participate in subsequent waves.

Results

Results are presented for responses to the three questions drawn from the LSIC, including: (I) What about Indigenous culture will help SC grow up strong-text (Waves 1 and 7 combined, B and K cohort), (II) Things P2 does to pass on Indigenous culture to SC-text (Wave 4, B and K cohort), and; (III) issues about P2 passing Indigenous culture on to SC-text (Wave 4, B and K cohort).

Indigenous fathers reported (Figure 2) that learning about Indigenous culture, identity and family are crucial aspects of Indigenous culture that will help Indigenous children grow up strong. Interestingly, Indigenous fathers believe Indigenous culture will help their children in a number of ways. When asked, one father responded, ‘I hope by telling them our dreamtime stories, it’ll enable them more confidence in their heritage and in turn, themselves.’ Other responses highlighting the unique and holistic epistemological approach of Indigenous people to education, expressed that cultural knowledge and a connection to the land is not only beneficial and vital to each Indigenous child, but also part of their custodial duty to ‘make sure that it is still here for the future generations’ (Department of Social Services, 2018).

The wide variety of activities undertaken to pass on culture to children were spread across 18 typologies (represented in Figure 3). The most commonly reported means of passing on culture was collecting foods ($n=39$ or 17%), followed by yarning and story-telling ($n=27$ or 12%), and teaching traditional knowledge and culture ($n=18$ or 8%). Other methods of passing on culture included socialisation and role modelling, time with family, dancing/music/singing, attending cultural events, getting on Country, and teaching Indigenous languages.

The process of Aboriginal and/or Torres Strait Islander fathers teaching Indigenous children how to collect cultural foods was the most common way culture was shared. Some of the given responses indicated the types of foods collected with children, for example seafoods such as fish, oysters, lobsters and yabbies, or food from the land (kangaroo and bush tuckers). One father said ‘I’m going to take her out fishing and teach her about hunting’, while another father shared ‘go out getting kangaroo tails with the family’.

In Wave 4 of the LSIC, of the Indigenous fathers ($n=133$) asked, 27 men (20.3%) said they had experienced issues in passing Indigenous culture on to their children. The most common identified issue was the ‘lack of knowledge’, with 19 (70%) fathers expressing this perceived impediment (Figure 4). Responses included ‘I wish I had

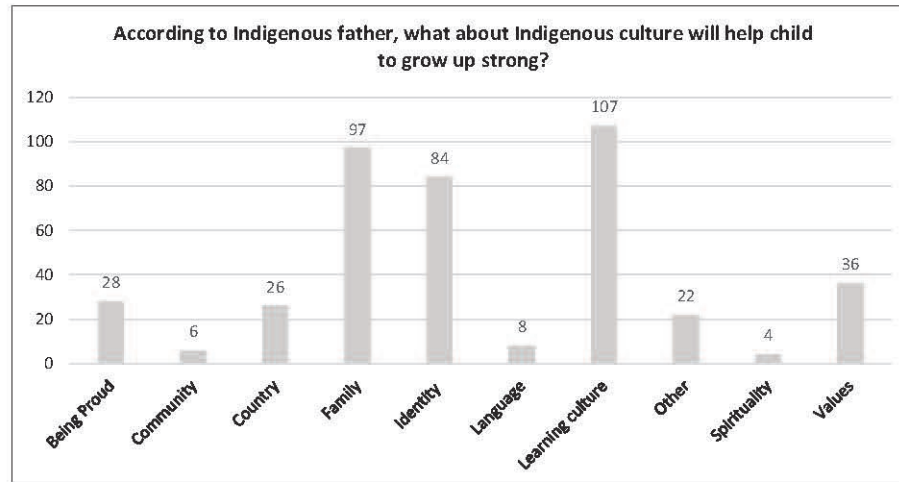


Figure 2. What about Indigenous culture will help SC grow up strong-text (Waves 1 and 7 combined, B and K cohort).

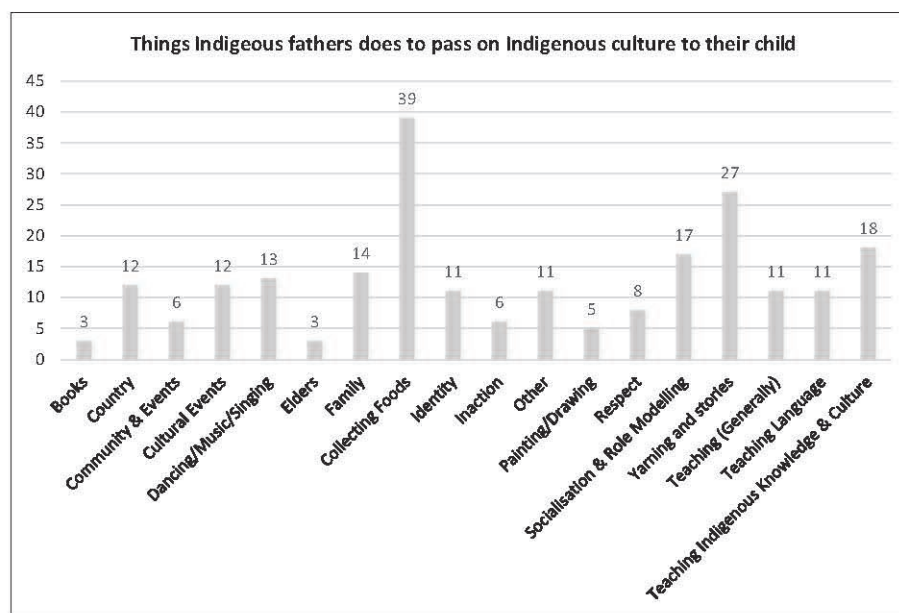


Figure 3. Things P2 does to pass on Indigenous culture to SC-text (Wave 4, B and K cohort).

my language to pass on' and 'I don't know enough about my culture'. These responses indicate the gradual breakdown of Aboriginal and Torres Strait Islander culture across generations.

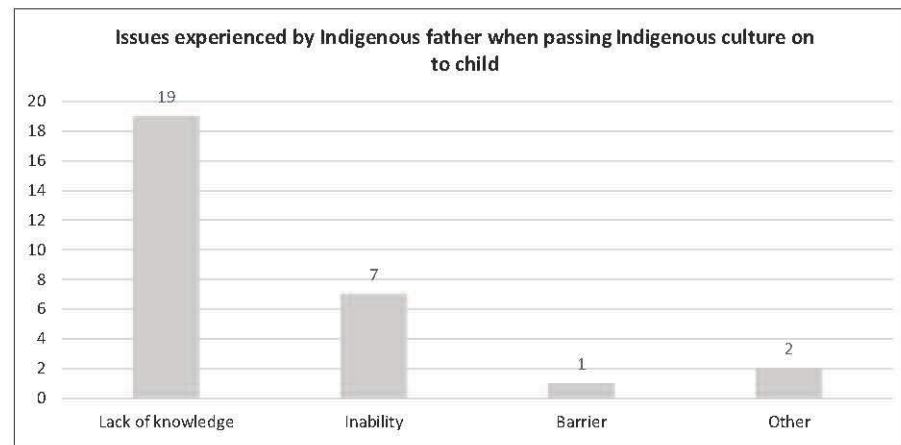


Figure 4. Issues about P2 passing Indigenous culture on to SC-text (Wave 4, B and K cohort).

Discussion

This article analyses qualitative data from the LSIC (Department of Social Services, 2018: 1). The focus is on variables pertaining to Indigenous fathers, their children and how culture can help children grow up strong. Three qualitative questions are examined, these include: (I) what about Indigenous culture will help SC grow up strong-text (Waves 1 and 7 combined, B and K cohort); (II) things P2 does to pass on Indigenous culture to SC-text (Wave 4, B and K cohort); and (III) issues about P2 passing Indigenous culture on to SC-text (Wave 4, B and K cohort).

From the perspective of Indigenous fathers, having their children learn about Indigenous culture is an integral component of them growing up strong. Reasons identified by participants included seeing Indigenous culture as contributing towards the development of children's cultural practice and behaviour, family and community connections, and a heightened understanding of self. This attributing of children's development to their introduction to Indigenous culture by participants is similar to the results of Canuto et al. (2019) who found that Indigenous fathers suggested that culture provided the positive contributions of respect, a deeper understanding of self, and a furthering of integration within one's family and broader community.

We found that the most commonly identified means of passing on culture was through traditional food gathering practices. The collection of traditional foods being a highly ranked aspect of Indigenous culture and its transmission to children is also supported by Martin (2017). In her study of Parent 1s from LSIC, she found 'bush tucker, hunting and fishing' to be central to cultural teachings. Through enabling social services to administer greater support to Indigenous fathers, the process of collecting cultural foods with children be undertaking. This activity has the ability to nurture and enhance positive and meaningful relationships, while facilitating the transmission of culture between Indigenous Australians.

The notion of yarning and storytelling were identified as the second most common means of passing on Indigenous culture to their children (Figure 3). In Aboriginal and Torres Strait Islander culture an exact definition of yarn or yarning can be difficult to pinpoint (Walker et al., 2013). However, yarning can be thought of as an informal conversation style that often includes storytelling and humour (Bessarab and Ng'andu, 2010; Fredericks et al., 2011; Towney, 2005). Yarning has also been identified as a strength by some Indigenous men, with the capability of being therapeutic (Towney, 2005: 40):

The 'power of healing in the yarn' is all about giving Aboriginal people the chance to talk about what they value, what is precious to them. This is the essence of our work. We create forums for men to get together to yarn, to reclaim not just their own individual stories, but our collective stories too – stories about what is important to us.

The process of yarning and storytelling can have benefits for both Indigenous fathers and their children. For Aboriginal and/or Torres Strait Islander fathers, the therapeutic nature of yarning may contribute to improving their generally poor health and wellbeing experiences in a culturally appropriate way (e.g. talking about issues, sharing stories of culture and using humour to build rapport; Prehn, 2019). For Indigenous children, the transmission of culture improves their knowledge of identity, culture, family and Country among others (Figure 2), leading to greater wellbeing, resilience and achievement (Colquhoun and Dockery, 2012; Lovett, 2017; Martin, 2017).

The responses from Indigenous fathers highlight the centrality of culture and how, from their perspective, it is helping Indigenous children. A wide variety of Indigenous cultural aspects can help Aboriginal and/or Torres Strait Islander children to thrive. Aboriginal and/or Torres Strait Islander fathers report that just learning about Indigenous culture will help their children grow up strong (Figure 2). This has been discussed by others, for example, Gee et al. (2014) who suggest:

Connection to culture, as we use the term here, refers to Aboriginal and Torres Strait Islander peoples' capacity and opportunity to sustain and (re)create a healthy, strong relationship to their Aboriginal or Torres Strait Islander heritage. This includes all of the associated systems of knowledge, law and practices that comprise this heritage.

Learning about family was the second highest scoring theme when Indigenous fathers were asked what will help their children to grow up strong (Figure 2). Family plays a central role in Aboriginal and Torres Strait Islander society (Colquhoun and Dockery, 2012). This concept can differ from a Western perspective for example, 'the family plays a key role in determining appropriate behaviour and cultural identity. It is closely linked to land and has important spiritual bonds for Aboriginal people' (Colquhoun and Dockery, 2012). Gee et al. (2014: 59) put it this way:

Family and kinship systems have always been central to the functioning of traditional and contemporary Aboriginal and Torres Strait Islander societies. These systems are complex and diverse, and serve to maintain interconnectedness through cultural ties and reciprocal relationships.

In an Indigenous lifeworld, knowing who your ‘mob’ is and your extended family is rightly identified by Indigenous fathers as helping their children prosper. It provides an environment within which one may receive encouragement, wisdom, nurturing, support, acceptance and joy. Importantly, it affirms one’s identity, culture, knowledge and customs as an Aboriginal person and further furnishes the development of resilience as an Aborigine; a quality much needed in the sometimes racist and derogatory Australia in which we live (Habibis et al., 2016).

Identity also scored highly regarding what, about Indigenous culture, will help children grow up strong. This finding is in line with other research (Colquhoun and Dockery, 2012; Lovett, 2017) indicating that the stronger Indigenous people are regarding their culture and identity, the more resilience they have (Gee et al., 2014). Conversely, ‘Many members of the Stolen Generations and their descendants continue to experience a deep grief and a longing to reconnect with their cultural heritage and ancestry’ (Gee et al., 2014). This removal of Indigenous people impacted their sense of identity. Having a secure sense of cultural identity can act as a protective factor, mitigating risks from life stresses, social exclusion and economic and social disadvantage (Zubrick et al., 2014).

Other important factors regarding Indigenous culture which help Aboriginal and/or Torres Strait Islander children grow up strong, according to Indigenous fathers, included values, being proud, Country, language, community and spirituality (Figure 2). This highlights the variety of ways Indigenous culture will help children when listening to the voices of Indigenous fathers. Indigenous fathers are the experts in their culture and understand how and why their culture can make their children grow strong. Through listening to their voice, they become empowered to represent themselves (Spivak, 1988).

The passing on of Indigenous culture was made difficult for some fathers because of a lack of knowledge, or language. This difficulty can be directly linked with the consequences of the colonisation of Australian Indigenous people, including assimilation measures and the forced removal of children and erosion of traditional culture and identity (Dudgeon et al., 2014a). For example, the designed suppression and replacement of language from an estimated 250 main languages with 800 dialects to around 13 traditional languages still learnt by children (AIATSIS, 2019). Consequently, some Indigenous people know little or nothing about various aspects of their culture and thus have troubling passing it to their children.

These findings can help inform the development of social services and Aboriginal-and/or Torres Strait Islander-specific men’s and fathering programs. Culture has been a foundational building block for programs including Quop Maaman: Aboriginal Fathering Program (Collard et al., 2016), Stayin’ on Track (Stayin’ On Track, 2015) and the Aboriginal and Torres Strait Islander Fathering Bulletin (Hammond, 2019). Older men have expressed a feeling of pride in being able to pass culture onto younger Indigenous people (Towney, 2005). Despite some barriers experienced by Indigenous fathers, the importance of culture is discussed within these programs and this article. Indigenous culture can then be supported to be passed on by Indigenous fathers to their children through the variety of means outlined in the data, and thereby assist Indigenous children to grow strong and resilient.

When discussing the results, Indigenous fathers' voices are speaking to us. These fathers are telling the reader why Indigenous culture is important to help their children grow up strong, how they are sharing their culture and any problems they experience passing on culture. We must consider how Indigenous fathers are the experts in their lives and Australia (particularly academics and policy makers) should be listening to them. Not listening to their voices works to maintain colonial discourses that Indigenous men are poor fathers (ABC News, 2016), savage and dangerous (ABC News, 2015; Bradley, 2015), and a danger to public safety (Hokowhitu, 2003, 2007).

Building on the research of Hokowhitu (2007), Indigenous men not only need to be listened to but they also need space for expression. This notion of space extends to spending time with their children, sharing culture. For example, Indigenous men have reported that mainstream fathers' groups are not a culturally appropriate or a safe space to express themselves (Collard et al., 2016; Fletcher et al., 2017). The variety of responses regarding how culture will help children grow strong and how it is shared, highlights the significance of their culture for Indigenous fathers. This finding is supported by previous research exploring Aboriginal and/or Torres Strait Islander culture (Armstrong et al., 2012; Colquhoun and Dockery, 2012; Lovett, 2017; Martin, 2017). Allowing space for Indigenous men to spend time with their children engaging in cultural practices is a component in improving resilience in Indigenous children.

Limitations

The main limitation of this article is the small *n* values regarding questions pertaining to Indigenous fathers in the LSIC dataset. The questions explored in this study would benefit from higher participation levels in the LSIC dataset. There are some interesting additional questions for analysis regarding Indigenous fathers in the LSIC study that have not been analysed in this article. These questions ask Indigenous men about strong souls, social and emotional wellbeing, parental warmth, and child care and early education (Walter, Dodson et al., 2017). The lack of other datasets and publications on Aboriginal and/or Torres Strait Islander fathering presents an opportunity for further research.

The LSIC dataset is not generalisable to the whole Aboriginal and Torres Strait Islander population. This is due to the limited number (11) and geographical spread of the data collection sites as outlined in Figure 1 (Kneebone et al., 2012: 64; Walter, Dodson et al., 2017). An overall representation of Australia's Indigenous children, families and communities is lacking; a notable exclusion is Tasmania (Walter, Dodson et al., 2017). Despite this, the LSIC still yields important results that are pertinent to the broader Indigenous population across Australia (Walter, Martin et al., 2017).

Conclusion

In conclusion, this study explored three qualitative variables from the LSIC regarding Aboriginal and/or Torres Strait Islander fathers, their children and the sharing of cultural activities. These variables were (1) according to Indigenous fathers, what about Indigenous culture will assist children to grow up strong; (2) things fathers do to pass on culture; and (3) issues fathers have passing on culture to their children. When considering the responses to

these variables through a postcolonial lens, Indigenous fathers are sharing the significance of transmitting culture to their children, typically through means which are customary for men to do such as hunting and yarning.

To support this process, Indigenous fathering programs could integrate factors which allow the transmission of Indigenous culture to occur, led by Indigenous men. The role of Indigenous culture in Australia has been identified as a component to help Indigenous children grow up strong. Listening to the voices of Indigenous fathers regarding how they share their culture, and the barriers experienced is significant to addressing the issue of loss of culture and the raising of strong Indigenous children. If the next generation of Indigenous children are to overcome structural disadvantage resulting from colonisation, the transmission of culture from their fathers is needed to assist the realisation of this need and aspiration of Indigenous people.

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Notes

1. This article refers to Aboriginal and/or Torres Strait Islander fathers and children; the term Indigenous is used throughout to encompass both.
2. Parent 1s are primarily mothers, Parent 2s are primarily fathers.

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